Heartland Health Region's Annual Report

2012-2013

Annual Report to the Minister of Health

For the 2012-13 Fiscal Year Ended March 31, 2013

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System

OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES:

- *Compassion*
- *Respect*
- *Collaboration*
- *Stewardship*
- *Excellence*

WE WILL FOCUS ON:

- Better Health
- Better Care
- Better Teams
- Better Value

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Access the Annual Report online at:
http://www.hrha.sk.ca/annualreport.htm

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2012-13 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2013.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

Richard Anderson
Chairperson

Overview of the Annual Report

The 2012-2013 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Health Plan.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 3,028 acute care patients to hospital;
- Provides more than 1,024 surgeries, including diagnostic procedures;
- Has more than 37,682 ambulatory care and out-patient visits;
- Responds to more than 3,508 emergency medical service calls (EMS);
- Conducts over 409,557 laboratory tests and x-ray exams;
- Conducts over 2,056 ultrasound exams;
- Provides more than 4,589 doses of influenza vaccine to populations over age 65;
- Provides service to more than 1,972 home care clients;
- Provides residential care to more than 483 residents in long term care.

Vision, Mission and Values

The region adopted a new vision, mission and values statement in April 2010. "Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health." Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Health Plan

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. This year we embarked on a different journey to the achievement of our new Health Plan 2012-13. The Health Plan sets out how we turn our strategies into actions that are aligned with the Provincial Health System. It is the 'Strategic Directions' that establish the actions the Region will take.

Hoshin Kanri is a term which refers to a new coordinated process for strategic planning. This is a system where goals are jointly determined, plans to achieve the goals are established, and measures are created to ensure progress towards these goals. The discipline of Hoshin Kanri is intended to help an organization "focus and finish." It involves identification of shared goals, communicating the goals to all leaders and holding participants accountable for achieving their part of the plan. The Hoshin Kanri process provided the region with a valuable opportunity to review our priorities and determine must-do-can't-fail initiatives.

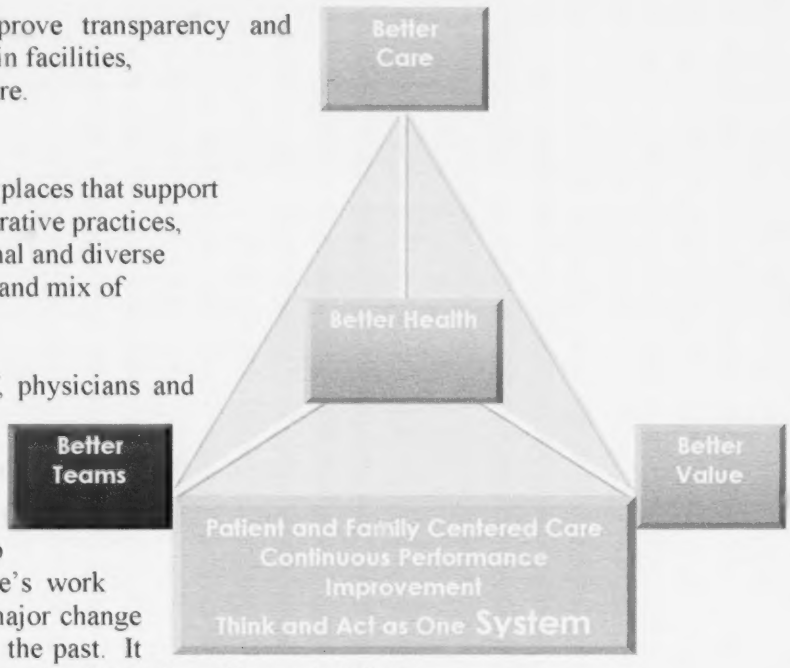
There are four long term strategies identified as priorities for the provincial system. These are Better Health, Better Care, Better Value and Better Teams.

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

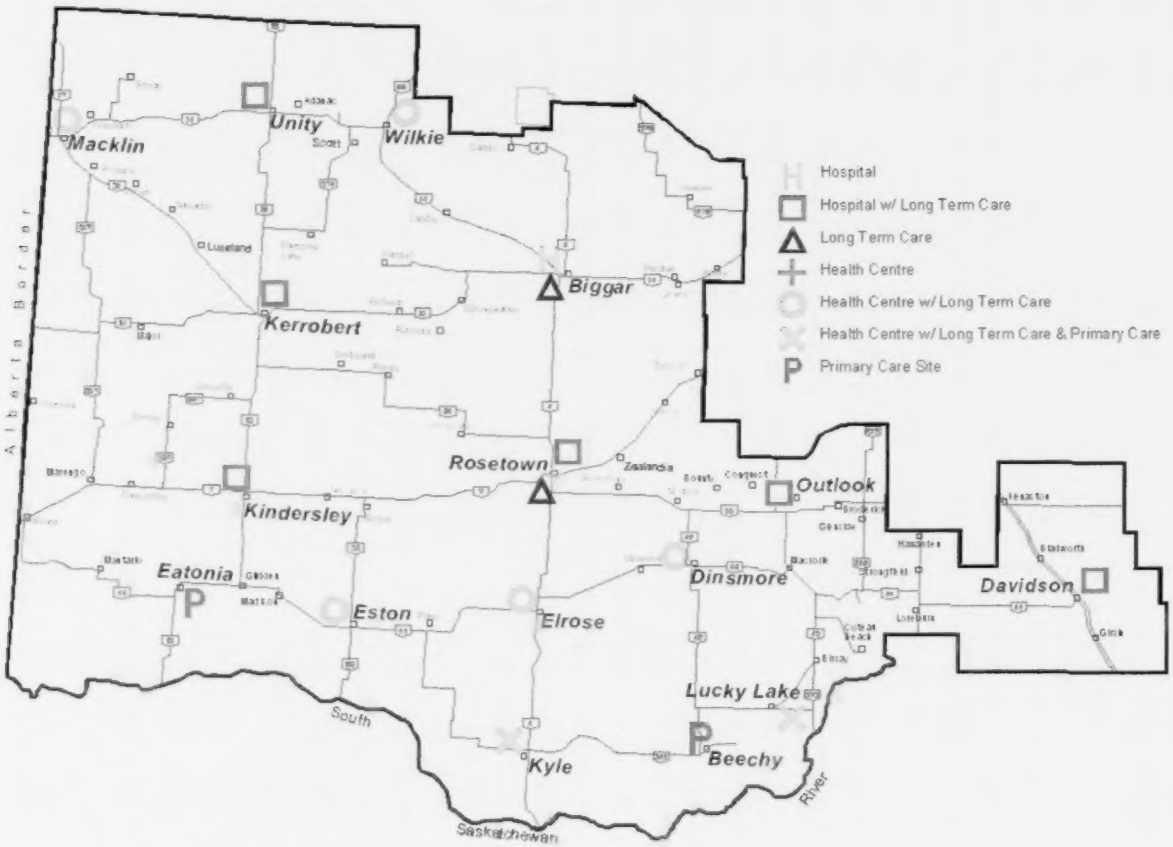
Better Teams
Build safe, supportive and quality workplaces that support patient-family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.



The engagement and support of staff, physicians and managers is **key** to accomplishing our vision of a transformed health system. It is important that we engage staff at every level in the new process of strategic planning and help them understand how every employee's work supports our shared vision. This is a major change in how we have managed our work in the past. It will take time, dedication and a lot of learning from all staff to make it happen.

Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2012-13 is available on the government website: www.health.gov.sk.ca/strategic-direction.

Figure 1: Heartland Map of Facilities



Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2.

Programs and Services

Quality Services

Using different approaches and methods, Quality Services supports improvement initiatives across Heartland's clinical services and programs.

In some cases these improvement initiatives are initiated through provincial directives. Providing support with the implementation of the surgical safety checklist and medication reconciliation on admission to acute care are examples of provincial initiatives. Other improvement initiatives are in response to the "customer's voice". For example, improvement work around the adoption of new standard work in the preparation and the delivery of dietary services was in response to concerns raised by families and clients in select Long Term Care facilities. Improvement initiatives are also driven by Heartland Regional Health Authority (HRHA) strategic priorities.

In addition to strategic priorities, improvement initiatives and risk management activities also spring from follow-up to individual client concerns, or critical incidents involving a near miss or actual adverse event. Risk management also occurs in the form of responding to and monitoring improvements triggered by an "Issue Alert" from the Ministry of Health, or product and equipment vendors.

Primary Health Care Services

Various forms of Primary Health Care (PHC) service delivery exist across the Region. In many communities PHC is delivered through the traditional model of clinic based services delivered by sole or group practice physicians. In contrast to the traditional model, the communities of Beechy, Lucky Lake and Kyle have a well-established team-based, collaborative model of care. These three communities share a single physician who collaborates with one full-time Nurse Practitioner (NP) in each community. Each of the communities have access to a full-time NP five days a week and if need be the NP can consult with the physician on a daily basis regardless of which community the physicians is visiting.

Eston, Kerrobert, Kindersley and Rosetown, among others, are communities with new, emerging models of PHC. In these communities' physicians and other service providers, such as NPs, Dieticians, Chronic Disease Nurse, Diabetes Nurse Educators and Home Care Nurses are collaborating in new ways of practice and case management.

Population Health Services
Population Health Services is comprised of Public Health Inspection, Public Health Nursing, Dental Health Education, Population Health Promotion, Public Health Nutrition, and the Parent Mentor Program. Public Health Inspectors are located in Rosetown, Biggar, Unity, Kindersley, and Outlook. Public Health Nurses are located in Rosetown, Biggar, Unity, Kerrobert, Kindersley, Outlook and Davidson. Parent Mentor Programs are in Biggar and Unity. Dental Health Education, Public Health Nutrition and Population Health Promotion work out of the Rosetown office. The Diabetes Nurse Educator saw 2,196 clients in 2012-13. The Dietitian had 2,817 clients seen in 2012-13.

Community-Based Services
To provide better access to services for clients, the Region has developed community-based services that are available in the larger communities in the Region. Outlook, Rosetown, Kindersley, Unity and Biggar Health Centres all house Mental Health (Nurses and Counsellors), Addictions (Counsellors), and Therapies (Physiotherapy and Occupational Therapists). Physio and Occupational therapy had 10,965 client visits in 2012-13. Also included in community-based services are regional programs such as Autism, Speech Language Pathology, and Community Inclusion Support Services. Speech and Language Pathology had 379 visits in 2012-13.

Hospital/Acute Care
Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care
Heartland and its affiliate St. Joseph's Health Centre provide Institutional Supportive Care (Long Term Care) services with 483 beds in facilities located in 14 communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need. Heartland's facilities offer an additional 57 program beds that provide respite, palliative, convalescent and observation programs.

Emergency Medical Services (EMS)
The Heartland Health Region has seventeen EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. Of these seventeen sites, fifteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3508 calls in 2012-2013. This is a regional increase of 58 calls from 2011-2012. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and Emergency Medical Technician –

Paramedics (EMT-Ps). There are around 145 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Table 1: EMS Calls in Heartland

Site	2011-2012 EMS Calls	2012-2013 EMS Calls	Increase/Decrease
Beechy	74	66	-8
Biggar	374	429	55
Davidson	297	359	62
Dinsmore	44	55	11
Dodsland	36	23	-13
Eatonia	55	71	16
Elrose	41	20	-21
Eston	162	102	-60
Kerrobert	164	177	13
Kindersley	713	707	-6
Kyle	81	71	-10
Luseland	61	59	-2
Macklin	99	79	-20
Outlook	295	393	98
Rosetown	477	435	-42
Unity	329	323	-6
Wilkie	148	139	-9
Regional Total	**3450**	**3508**	**58**

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home care gave services to 1,972 clients in the 2012-13 year. There were 37,970 meals supplied to 322 clients during this fiscal period.

Figure 2: Organizational Structure

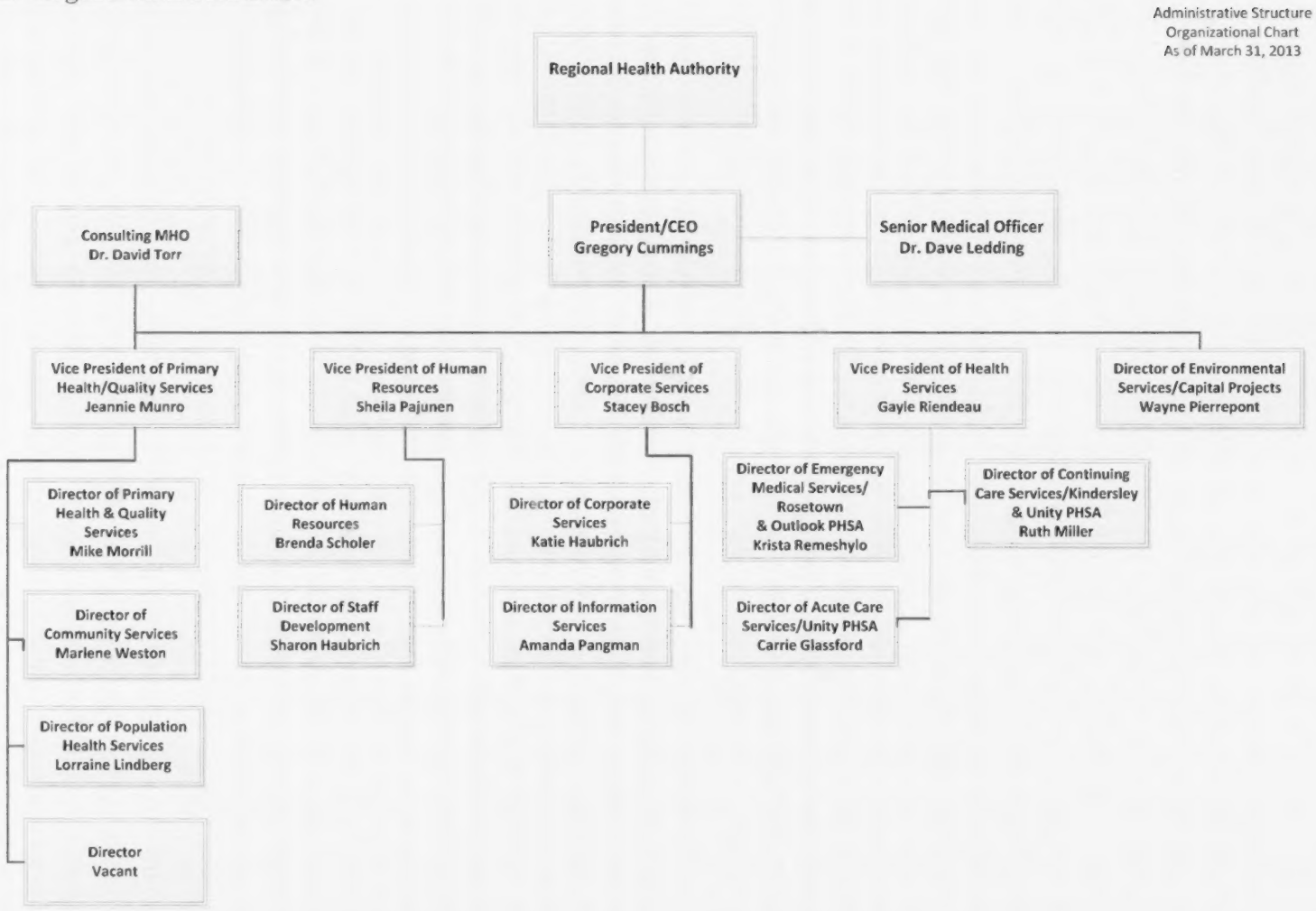


Table 2: Summary of Acute, Long Term Care and Program Beds in the Heartland Health Region Facilities (2012-13)

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	77	2	79
Total District Hospitals		21	77	7	105
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	10	2	22
	LTC	0	23	0	23
Outlook Union Hospital	Acute, LTC, Program	10	42	5	57
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	32	2	44
Total Community Hospitals		61	137	22	220
Sub Total District/Community Hospitals		82	214	29	325
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) Stabilization (16 hrs/day)	0	18	3	21
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30	3	33
Eston Health Centre		0	31	4	35
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		0	142	21	163
Special Care Homes					
Diamond Lodge	LTC, Respite	0	58	1	59
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		0	105	3	108
Total HHR Beds		82	461	53	596
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		82	483	57	622

*Program beds include respite, convalescent, palliative and observation

Table 3: Statistical Data for 2012 – The Year at a Glance

STATISTICS - Hospitals	2012	2011
Acute Care Inpatient Separations	3,028	3,031
Live Births	96	126
Surgical Cases (OR & Day Surgery in OR)	1,024	1,253
Hospital Emergency Room Visits	28,398	28,302
Hospital Ambulatory - Scheduled Visits - General Medicine	9,284	12,072
Specialty	1,705	1,749
In-House Laboratory Tests and X-ray Exams	409,557	391,252
Ultrasound Exams	2,056	1,900
Ambulance Calls	3,508	3,450
STATISTICS - Continuing Care	**2012**	**2011**
Long-Term Care Separations	243	215
Temporary Care Separations	436	446
STATISTICS - Community Services	**2012**	**2011**
Physiotherapy Occupational Therapy Visits	10,965	9,719
Speech & Language Pathology Visits	379	434
Dietitian Visits	2,817	3,118
Diabetes Nurse Educator Visits	2,196	2,466
Podiatry Visits	1,673	1,240
Telehealth Clinics and Education Sessions	974	1,000

Governance and Transparency

Heartland Regional Health Authority (HRHA) has completed its eleventh year of operation. A ten member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. In May, 2012 the Ministry of Health appointed two new and eight existing board appointments to the HRHA. The two new Board appointments were David Nykiforuk and Norman W.A. McIntyre. They joined existing board members Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Hazel Lorenz, M.L. Whittles, Loretta Goring, George Siemens, Gary Groves and Lyle Rankin. The existing board members were first appointed to the HRHA in February, 2009.

Figure 3: HRHA Board

Back Row (L-R): David Nykiforuk; M.L. Whittles; George Siemens; Hazel Lorenz; Lyle Rankin; Gary Groves and Norman W.A. McIntyre
Front Row (L-R): Lorreen Illott, Vice-Chair; Richard Anderson, Chair and Loretta Goring

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

Roles and Responsibilities

For 2012-2013, the Accountability Document issued annually by the Ministry of Health focused on strategic direction and expectations. The annual Accountability Document and the Health System Plan provided by the Ministry of Health also identify specific program and service expectations for the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The government, regional health authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) are focused on quality patient care and improving the patient experience. CEOs and executive staff play a critical role in the health system and have been asked to lead transformational change throughout the health system. To encourage this leadership and increase executives' accountability, the Ministry of Health, RHAs and the SCA agreed in early 2011 to an Executive Pay-for-Performance Plan (EPPP) for their CEOs and Vice-Presidents. This plan measures and compensates for senior-level responsibility to successfully achieve established objectives.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development, and achievement and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency in April 2012.

3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO will operate as the representative employer for health regions in collective bargaining negotiations and interpretation.

Sun West School Division

The region partnered with the Sun West School Division and the Ministry of Education to evaluate the outcome of providing speech language pathology services (SLP) in two Pre-Kindergarten classes, one in Outlook and one in Kindersley. A $15,000 grant for a research project was received to cover the salaries of having Sun West School Division provide a Speech Language Pathologist (SLP) to work with students at the Biggar Pre-Kindergarten and Heartland Health Region to supply a SLP to work at the Westberry School in Kindersley. The project was submitted to the Research Ethics Committee at the University of Saskatchewan and has been operating since October.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The Dube Centre provides mental health inpatient services for adults and children from Heartland. The Region also hosts services such as a Child Psychologist who assesses clients and families and a Mental Health Educator who arranges staff development opportunities through workshops and webinars for Heartland Mental Health Staff.

Other Health Region partnerships include Prairie North Health Region with whom we partnered for Physiotherapy services three days/week. The region worked together with the Cypress Health Region in order to provide Nurse Practitioner services in the community of Eatonia. This past year Heartland partnered with Cypress Health Region to establish a contract for sterilization of medical devices for our region. This contract is being monitored by the Regional Surgical Team with input from the Infection Control Practitioner.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Planning Commission
- Liaising with local Health Foundations
- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups
- Physician recruitment working group
- Facilitated a Health Summit regarding Physician recruitment

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2012-2013 we invested $1,423,990 in upgrades to our facilities, and purchased approximately $799,270 in capital equipment, where 48% of the equipment was funded from foundations and donations. Equipment purchased in 2012-13 was split as per the categories below:

Category	Total Spend
Patient Comfort and Safety Equipment	$213,365
Surgical Nursing	$204,934
EMS	$191,930
Medical Nursing	$98,854
Diagnostics	$64,516
Information Systems	$13,217
Support Services	$12,455

In 2012-2013, the region was able to purchase electronic beds, laboratory equipment, cardiac monitors, defibrillators, and surgical equipment with regional monies. Foundations contributed $165,439 and donations from individuals and bequests contributed $220,695 to our capital equipment. Approximately 17 community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchase. Donations received in 2012-2013 were primarily used for patient comfort and safety equipment, clinical equipment, and resident equipment to improve quality of life (resident furniture, cabinets, TVs and an outdoor courtyard).

Foundations and local communities are also instrumental in the planning and building of three long term care facilities. In 2012-2013, $25,099,931 was invested into the building projects in the communities of Rosetown, Biggar, and Kerrobert. Communities fund 20% of the building projects, which amounts to $5,980,550 in donations towards these projects.

BridgePoint Center Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders. BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. An independent Board of Directors governs it. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

The Board of Directors has been working towards greater accountability on behalf of the organization. Governance Policies are being reviewed and revised as required. A Finance Committee and an Audit Committee have been struck, and the financial reporting now conforms to standard financial practices. Charlene Campbell.is the new Executive Director. Previously she was the Program Coordinator for the Rosetown Division of Social Services. The 15th Anniversary for the Bridgepoint Program was on October 27th and a celebration along with the Annual General meeting took place during this time.

Community Inclusive Support Services Program

The Community Living Division of the Ministry of Social Services funds a Community Based Organization operated by Heartland Health Region providing services to mentally challenged individuals. In the past the program has been called the CARRE and I-Step program, but it is now referred to as the Community Inclusive Support Services Program.

The Program originally served the northern portion of Heartland out of Unity, but in this last fiscal year, through negotiation with the Ministry of Social Services, its services have been expanded to include the entire region. A second consultant has been hired on contract to provide part-time services for the southern portion of the region, and is headquartered out of the Kyle Health Centre.

West Central Regional Intersectoral Committee

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants include the R.C.M.P., Sun West School Division, and the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

One of the West Central RIC's strategic objectives is to support Family Centres throughout the area. The Kids First Community Developer, a position funded through the RIC, has been

working with community members to establish Family Centres in Kindersley, Rosetown and Outlook. Each of the Family Centre is at different stage of development and is or will be meeting the unique needs of its community. The RIC also administers the Community Initiative Grants where non-profit organizations apply for funding for projects.

Heartland became the responsible partner for the West Central Regional Intersectoral Committee (RIC) this year as part of its commitment to the benefits of intersectoral collaboration. The West Central RIC received a portion of the funding that was given to both the Swift Current RIC and the West Central RIC when they were one entity. Now that the two RICs split the West Central RIC needed a responsible partner to hold the funding in order for the RIC to conduct its administrative activities. Heartland has assumed that responsibility.

Canadian Mental Health Association, Kindersley
The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin
St. Joseph's Health Centre in Macklin operates as the region's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

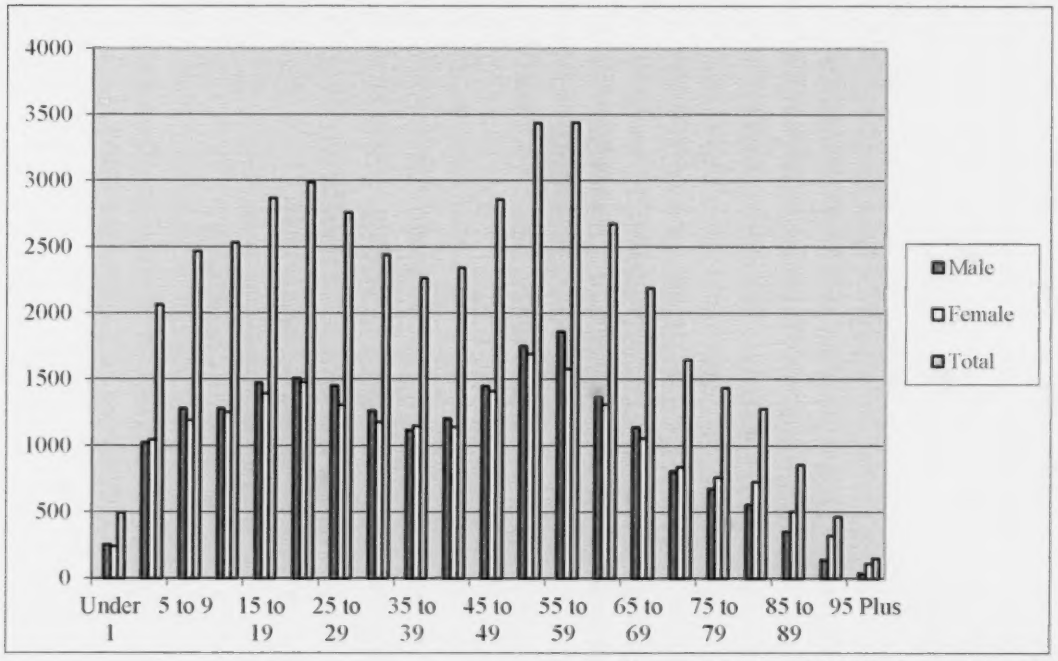
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the Regional Health Authority in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 43,626 residents over 431,770 square kilometres of land. (Source: Ministry of Health. Covered Population 2012). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,321. Other major centres include Rosetown (3,113); Unity (3,016); Biggar (2,993); and Outlook (2,807). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 4: Heartland Health Region Population (2012)



Source: Ministry of Health. Covered Population 2012

In 2012, Heartland's population was closely divided between males and females with 21,976 males (50.37%) and 21,650 females (49.63%). Some 18% of the region's population is 65 years of age or over, compared to the 14% in the province as a whole. Figure 4 provides a further breakdown of Heartland's 2012 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy.

The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc.).

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are two important considerations for the future:

- Over half the population (52%) is over the age of 40, with the largest segment being the "baby boomers" aged 45-60 (43%). In contrast, approximately 24% of the population is under the age of 20; and
- Healthy eating and regular exercise are below the provincial average.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

For youth, risky behaviour is the perennial cause of most health problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elder population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we have put more focus on now and into the future.

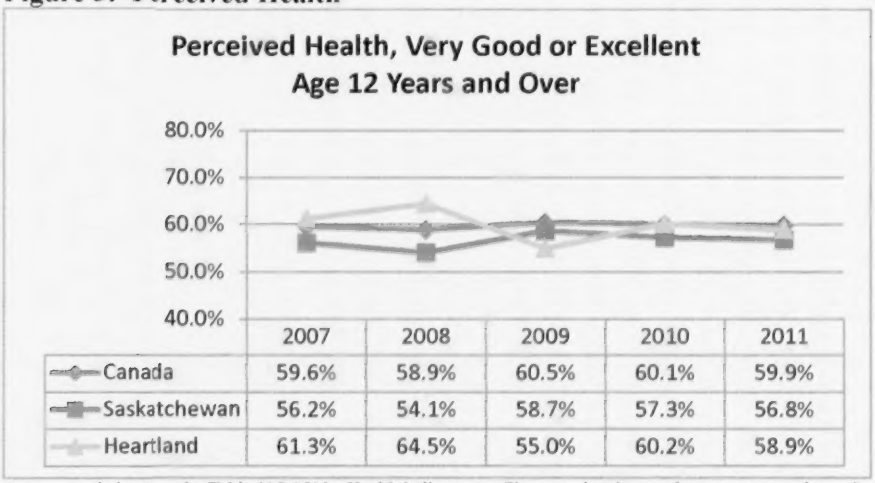
Health Behaviours and Lifestyle Factors

Perceived Health

According to the Canadian Community Health Survey, perceived health is an indicator of overall health status. As a subjective measure, it incorporates not only the absence of disease or injury, but also physical, mental, and social well-being. Perceived health refers to a person's overall general health.

From 2007 to 2011 the portion of the population that self-reported very good or excellent health in the Heartland Health Region fluctuated between approximately 55% and 65%. The percentages were similar to those reported both provincially and nationally.

Figure 5: Perceived Health



	2007	2008	2009	2010	2011
Canada	59.6%	58.9%	60.5%	60.1%	59.9%
Saskatchewan	56.2%	54.1%	58.7%	57.3%	56.8%
Heartland	61.3%	64.5%	55.0%	60.2%	58.9%

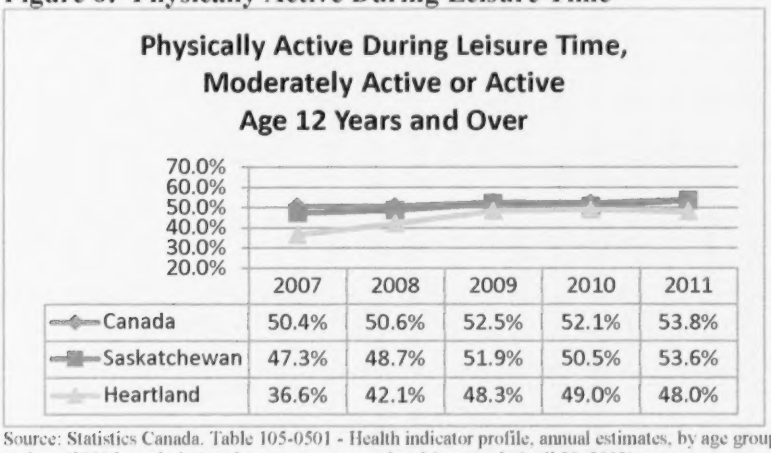
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Physical Activity

For years it has been clear that physical activity is essential to maintaining overall health and well-being. There are numerous benefits to physical activity, including reduced risk of a number of health problems including, for example, cardiovascular disease, obesity, diabetes, and high blood pressure.

In Heartland, similar to the provincial and national numbers, only about half of the population reported that they were physically active during leisure time between 2007 and 2011.

Figure 6: Physically Active During Leisure Time



	2007	2008	2009	2010	2011
Canada	50.4%	50.6%	52.5%	52.1%	53.8%
Saskatchewan	47.3%	48.7%	51.9%	50.5%	53.6%
Heartland	36.6%	42.1%	48.3%	49.0%	48.0%

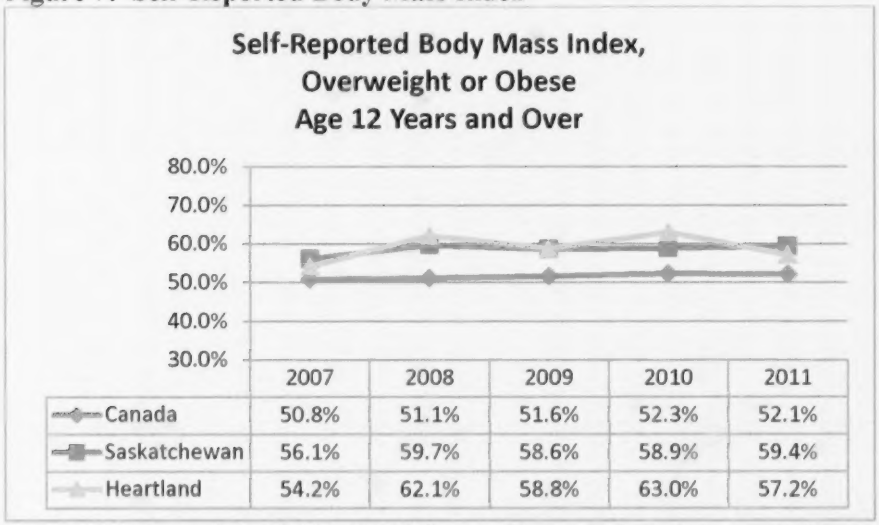
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Body Weight

Body Mass Index (BMI) is a common measure used to determine if an individual is within a healthy weight range. It is calculated by dividing the respondent's body weight (in kilograms) by their height (in meters) squared. Individuals who are within normal BMI range have the least health risks, while those both underweight and overweight have increased health risks.

Across Canada there is a growing concern regarding increased numbers of people reporting a BMI in the overweight or obese range. In the most recent year reported (2011), Heartland Health Region had 57.2% of people reporting an overweight or obese BMI; a proportion similar to Saskatchewan, but higher than the Canadian average.

Figure 7: Self-Reported Body Mass Index



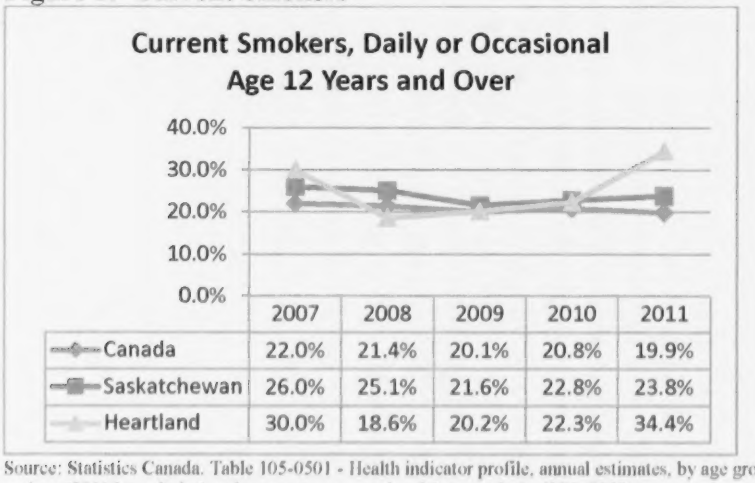
	2007	2008	2009	2010	2011
Canada	50.8%	51.1%	51.6%	52.3%	52.1%
Saskatchewan	56.1%	59.7%	58.6%	58.9%	59.4%
Heartland	54.2%	62.1%	58.8%	63.0%	57.2%

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Smoking

In Heartland Health Region the percentage of people 12 years and older who reported they were daily or occasional smokers in 2011 was 34.4%. This proportion is a significant increase over the 2010 rate, but similar to the data from 2007. Given the health risks, and that approximately 3 out of 10 people in Heartland are regular smokers, this may be an area for focused improvement.

Figure 8: Current Smokers



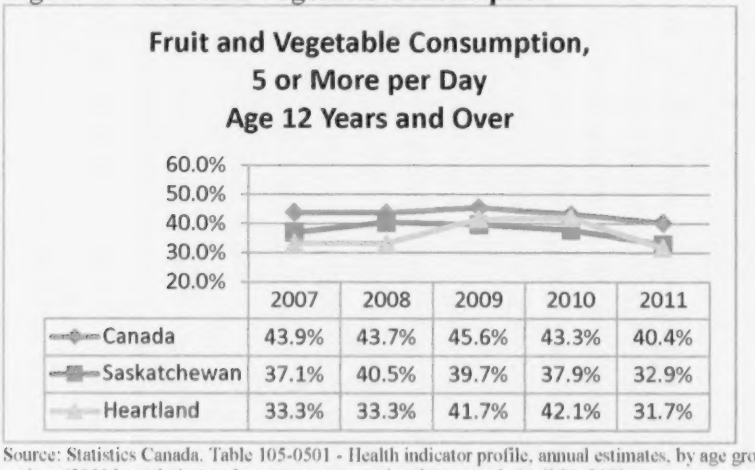
	2007	2008	2009	2010	2011
Canada	22.0%	21.4%	20.1%	20.8%	19.9%
Saskatchewan	26.0%	25.1%	21.6%	22.8%	23.8%
Heartland	30.0%	18.6%	20.2%	22.3%	34.4%

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Fruit and Vegetable Consumption

Part of a healthy diet is the adequate consumption of fruits and vegetables on a daily basis. In Heartland Health Region, the percentage of people 12 and over who consume 5 or more fruits and vegetables per day was 31.7% in 2011 – a drop from approximately 40% in the previous two years. While these results are not ideal they are in line with the provincial numbers, which also dropped, suggesting the need for improvement across the province.

Figure 9: Fruit and Vegetable Consumption



	2007	2008	2009	2010	2011
Canada	43.9%	43.7%	45.6%	43.3%	40.4%
Saskatchewan	37.1%	40.5%	39.7%	37.9%	32.9%
Heartland	33.3%	33.3%	41.7%	42.1%	31.7%

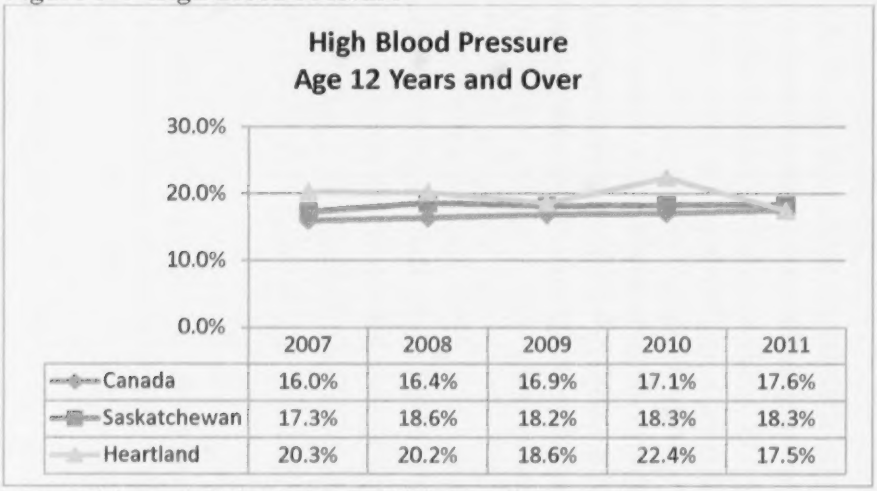
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

High Blood Pressure

High blood pressure, or hypertension, is a chronic medical condition in which arterial blood pressure is elevated. Individuals with high blood pressure are at increased risk for serious medical conditions such as heart attack, stroke, and kidney failure. Modifications to diet and lifestyle, with the potential addition of drug treatment, can improve blood pressure control and decrease the risk of associated health complications.

In each of the five years reported, approximately 2 out of every 10 people in Heartland Health Region reported having high blood pressure. While in the most recent year the percentage is similar to the provincial and national averages, there has generally been a higher rate in Heartland over the timeframe.

Figure 10: High Blood Pressure



	2007	2008	2009	2010	2011
Canada	16.0%	16.4%	16.9%	17.1%	17.6%
Saskatchewan	17.3%	18.6%	18.2%	18.3%	18.3%
Heartland	20.3%	20.2%	18.6%	22.4%	17.5%

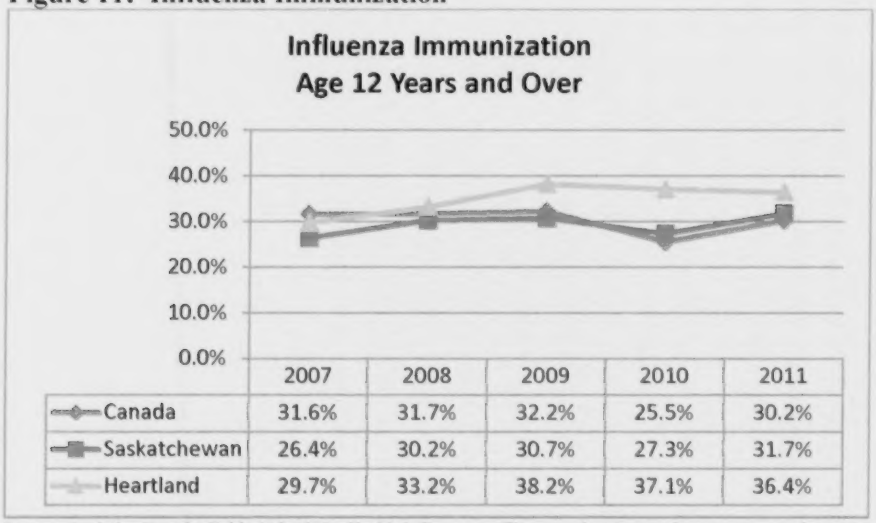
Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Healthcare

Influenza Immunizations

Over the past three years, a greater proportion of the Heartland Health Region stated that they were vaccinated against influenza in the year previous than provincially or nationally – 36.4% of the Heartland population compared to 31.7% in the province and 30.2% of Canadians. While higher than the comparison groups, the percentage has not increased in recent years, suggesting there is room for improvement.

Figure 11: Influenza Immunization



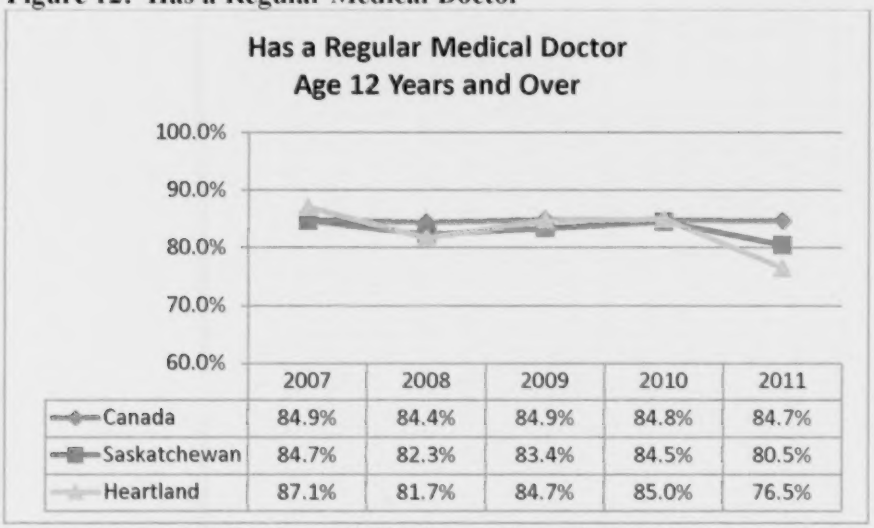
	2007	2008	2009	2010	2011
Canada	31.6%	31.7%	32.2%	25.5%	30.2%
Saskatchewan	26.4%	30.2%	30.7%	27.3%	31.7%
Heartland	29.7%	33.2%	38.2%	37.1%	36.4%

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Regular Medical Doctor

In the most recent year, the percentage of people living in Heartland Health Region reporting they have a regular medical doctor dropped almost 10% from the previous year. The rate in Saskatchewan also dropped, though not as significantly. This change from previous years might suggest a change in the access to family physicians in the area, and/or a population shift.

Figure 12: Has a Regular Medical Doctor



	2007	2008	2009	2010	2011
Canada	84.9%	84.4%	84.9%	84.8%	84.7%
Saskatchewan	84.7%	82.3%	83.4%	84.5%	80.5%
Heartland	87.1%	81.7%	84.7%	85.0%	76.5%

Source: Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups, occasional (accessed: April 30, 2013)

Progress in 2012-2013

Introduction to the Hoshins

In 2011-12, the health care system in Saskatchewan began the initiation of a collaborative method of strategy deployment. The goal of this new method of strategy planning is for all health regions to focus and finish breakthrough strategies with the most potential to positively affect health outcomes. This method of strategy deployment empowers all health care employees and physicians to work together on system-wide solutions.

The 2012 – 13 Health System Plan is the result of the new system-wide strategic planning and deployment process. It replaces the Strategic and Operations Directions document (SOD) that the region followed in the past. The Health System Plan outlines a vision for improving access to a health system that provides **Better Health**, **Better Care**, and **Better Value** for Saskatchewan people. By building safer and more supportive workplaces committed to patient- and family-centred care, we will enable the development of **Better Teams**.

This section briefly highlights the significant events and accomplishments that the health region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to the health region's Hoshins – breakthrough initiatives. The successful implementation of these initiatives is expected to facilitate the achievement of the five year improvement targets.

Better Health

Strategy: Better Health		
Breakthrough: Strengthen Patient-centered Primary Health Care by improving connectivity, access and chronic disease management.		
Project	1	Primary Health Care

Provincial Breakthrough (Hoshin) this project supports: *Strengthen Patient-centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management*
Provincial Outcome this project will impact: By March 31, 2017, there will be a 50% improvement in the number of people surveyed who say, "I can contact my primary healthcare team on my day of choice"
Provincial Improvement Target this project will move: By 2015 all Saskatchewan residents who choose to be, will be connected to a primary healthcare team that includes or is linked to a family physician. By 2017, 80% of primary healthcare teams are engaged in clinical practice redesign.
Project Name: Primary Health Care

Achievements in 2012 – 2013: Progressing Primary Health Care

Better Health Strategy:

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Five Year Outcomes

- By 2017 there will be a 50% improvement in the number of people surveyed who say, "I can see my primary healthcare team on my day of choice".
- By March 31, 2017 there will be a 50% reduction in age standardized hospitalization rate for ambulatory care sensitive conditions.

Five Year Improvement Targets

Results:

- By 2015 all SK residents who choose to be are connected to a primary healthcare team that includes or is linked to a family physician.
- By 2017 80% of primary healthcare teams are engaged in Clinical Practice Redesign.
- By 2017 75% of patients with chronic disease report an increase in confidence to self-manage their disease.
- By 2017 80% of patients are receiving care consistent with provincial standards for the 5 most common chronic diseases.
- By 2017 80% of primary healthcare teams are using Electronic Medical Records (EMRs) that facilitate individual patient care and enable population-based reporting for quality improvement and planning.

Measurement Results for 2012-2013

Heartland Health Region Project: Primary Health Care

Primary Health Care Target: Recruit eight new physicians in partnership with current physicians and community stakeholders.

Outcome: Partially Achieved

Description and Evidence: Some communities in Heartland Health Region are under-resourced in terms of physician services. In order to advance Primary Health Care (PHC), physician services need to be stabilized in targeted communities across the region. During the fiscal year 2012-2013 a total of six new physicians were recruited to Unity, Biggar, Rosetown and Kindersley. The target was eight physicians; the region and strategic partners achieved 75% of the target.

Primary Health Care Target: Limit the number of Emergency Room service disruptions in the community of Kindersley to one per month from December 2012 to March 2013.

Outcome: Achieved

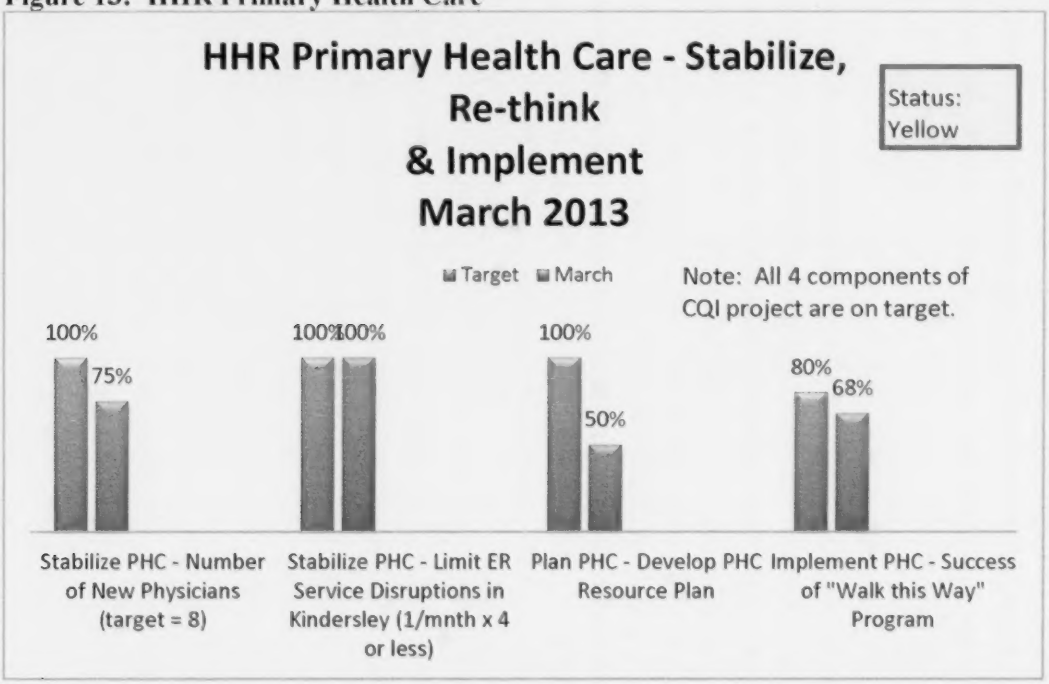
Description and Evidence: Due to two physicians leaving Kindersley at the same time, the end of November, the community was at risk of experiencing a high number of service disruptions as it left two full-time physicians and a part-time physician to provide 24/7 emergency on-call

services. With the help of locum coverage, both from visiting physicians and other physicians within HRHA the number of service disruptions was held to one, or less per month.

Primary Health Care (PHC) Target: Develop a comprehensive PHC resource plan for the Region.
Outcome: Partially Achieved
Description and Evidence: A plan for resourcing PHC services across the Region was partially developed by the end of 2012-2013. In general, the greatest need for service development seems to be in the western and eastern parts of the Region. Although not complete, the PHC resource plan was sufficiently well developed for the Senior Leadership Team (SLT) to make some strategic decisions. Towards the end of the fiscal year HHR created two new positions – a Nurse Practitioner for Kerrobert and surrounding area, and a Case Manager to be located in the Kindersley physician clinic.

Primary Health Care Target: Attract 80% of the participants in a rehabilitative program "Walk this Way" to education and health promotion sessions offered after the walking session is complete.
Outcome: Partially Achieved
Description and Evidence: Approximately 60% of the "Walk this Way" participants voluntarily chose to access educational and health promotion sessions after their walking session. For a relatively new program this result, although off target, shows promise. The growing popularity of this program is another positive sign. The program in Outlook has been well attended, sometimes up to forty participants, and a new offering of the same program in Rosetown has started well in terms of attendance.

Figure 13: HHR Primary Health Care


HHR Primary Health Care - Stabilize, Re-think & Implement March 2013
Status: Yellow
Target
March
Note: All 4 components of CQI project are on target.
100%
75%
100%
100%
100%
50%
80%
68%
Stabilize PHC - Number of New Physicians (target = 8)
Stabilize PHC - Limit ER Service Disruptions in Kindersley (1/mnth x 4 or less)
Plan PHC - Develop PHC Resource Plan
Implement PHC - Success of "Walk this Way" Program

Better Care

Strategy: Better Care

Breakthroughs: Transform the Patient Experience through sooner, safer, smarter Surgical Care.
Safety Culture: focus on Patient and Staff Safety

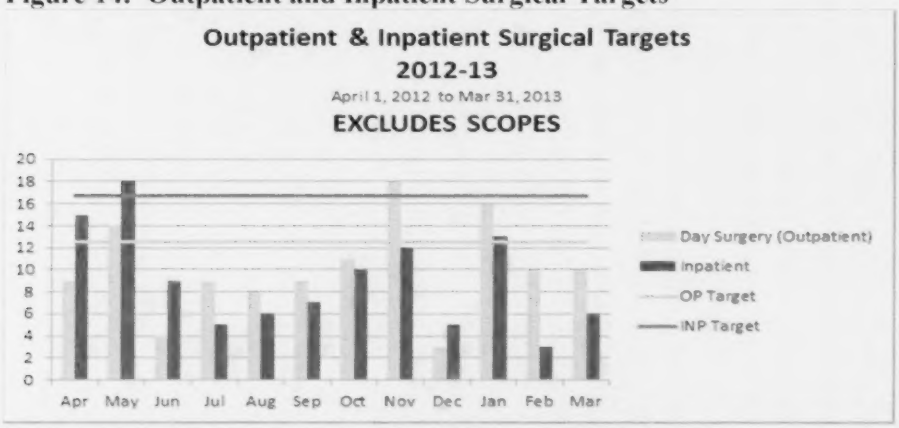
Projects

2	**Surgical Wait Times/Volumes**
3	**Surgical Safety Checklist (ROP)**
4	**Surgical Site Infection Bundle**
5	**Medication Reconciliation (ROP)**

Provincial Breakthrough (Hoshin) this project supports: Transform Client Experience through Sooner, Safer, Smarter Surgical Care
Provincial Outcome this project will impact: By March 31, 2014, all patients will have the option to receive necessary surgery within three months. By March 31, 2013, all patients are offered the option to have surgery within six months.
Provincial Improvement Target this project will move: By March 31, 2013, 100% of expected surgical case volumes by region delivered. By March 31, 2014, achieve the capacity needed to meet established throughput targets.
Project Name: Surgical Wait Times/Volumes

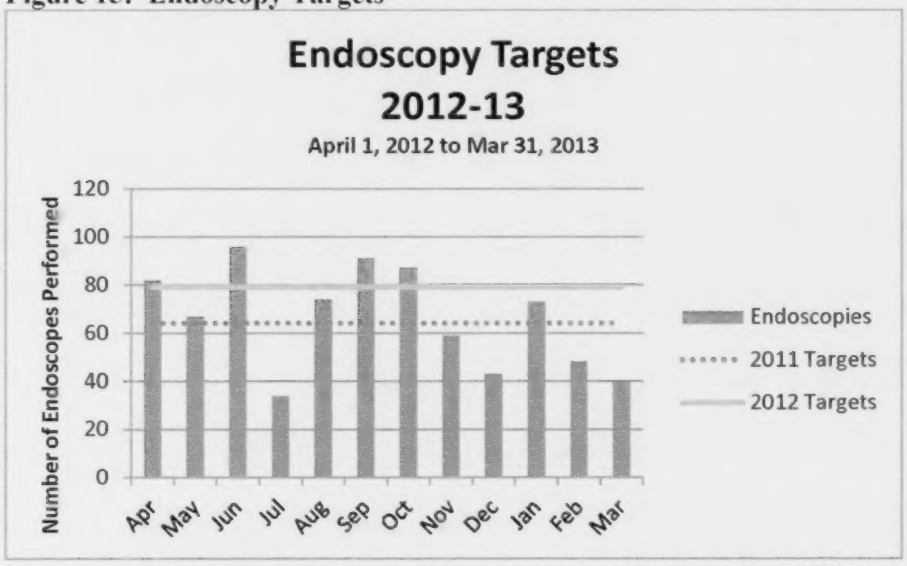
Heartland Health Region Project: Surgical Wait Times and Volumes
Outcome: Not Achieved
Description and Evidence:
Each year the Ministry of Health assigns surgical targets to each Health Region based on the types of surgeries offered by the Surgeons in that area for inpatient and outpatient (day) surgeries as well as endoscopy (scopes). This year Heartland Health Region was challenged to meet those targets due to limited surgeon availability related to reduced physician manpower in Kindersley and Rosetown as well as reduced itinerant services from the tertiary center.

Figure 14: Outpatient and Inpatient Surgical Targets



A total of 100 of the 150 targeted outpatient surgeries were completed (67%). 95 of the targeted 200 Inpatient surgeries were completed (47.5%). A total of 195 surgeries or 56% of the target were completed for 2012-2013.

Figure 15: Endoscopy Targets



The target for Heartland for 2012-2013 was set at 950 endoscopies (2011-2012 target was 770) 741 were completed (78% of the target).

Recruitment of skilled Physicians and Surgeons to the communities of Rosetown and Kindersley continues to be a priority and by the end of 2012-2013 fiscal year one surgeon/anesthetist was secured to Kindersley. Operating room (OR) disruptions were monitored throughout the year and were primarily seen in the community of Kindersley; with the largest impact on caesarean sections; thus limiting ability to deliver babies in the community to days when full OR physician services were in place.

With the support of the Ministry, the region was able to fund three Registered Nurses (RN) through the perioperative training program. This allows succession planning for both the Kindersley and Rosetown OR nursing staff and stabilizes RN availability to this program. Discharge planning for surgical clients continues to be a regional focus and most clients are safely discharged home or to home care services within the appropriate time span for the surgery provided.

Hoshin: Transforming the Client Experience through Sooner, Safer, Smarter Surgical Care

Provincial Breakthrough this project supports: Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care

Provincial Outcome this project will impact: By March 31, 2017, zero surgical infections from clean surgeries

Provincial Improvement Target this project will move: By March 31, 2014 100% of surgeries in an operating room will use the surgical safety checklist
Project Name: Surgical Safety Checklist

Heartland Health Region Project: Surgical Safety Checklist
Outcome: Achieved
Description and Evidence:
Through the use of the Safer Health Care Now Bundle, the region was able to create a safety checklist which is utilized during three phases of surgery; before the induction of anesthesia, before the incision of the skin and before the patient leaves the operating room. At each phase the team confirms that the listed tasks are completed prior to moving to the next phase. By following these critical steps, the surgical team can minimize the most common and avoidable risks that endanger the lives and well-being of surgical patients.

The region has implemented the Surgical Safety Checklist for all surgical procedures, including endoscopy. Implementation of the checklist policies and procedures, documents for the client record, posters for the operating room, education for staff and physicians as well as an auditing process were created and monitored. The region was successful in reaching the 100% goal during the last quarter of 2012/13 in both surgical sites.

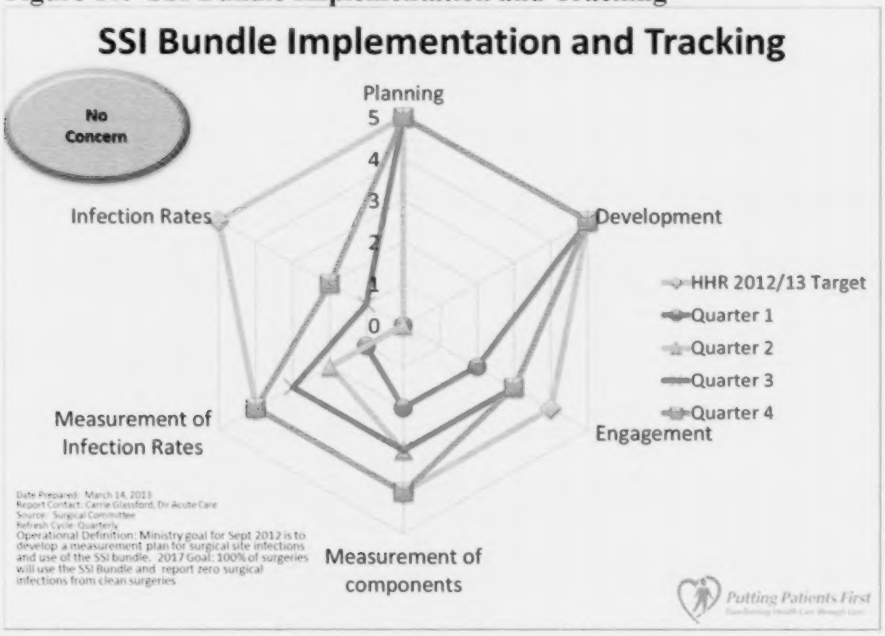
Hoshin: Transforming the Client Experience through Sooner, Safer, Smarter Surgical Care
Provincial Breakthrough this project supports: Transform the patient experience through sooner, safer, smarter surgical care
Provincial Outcome this project will impact: By March 31, 2017, zero surgical errors from clean surgeries.
Provincial Improvement Target this project will move: By 2017, 100% of surgeries will use the Surgical Site Infection Bundle
Project Name: Surgical Site Infection Bundle

Heartland Health Region Project: Surgical Site Infection Bundle
Outcome: Achieved
Description and Evidence:
New evidence based practice, issued by Safer Health Care now, has provided four steps to improved surgical site care to reduce infection. This includes the use of antimicrobials (both in preparation of the skin and antibiotic coverage prior to surgical incision); keeping the patient warm before, during and after surgery; monitoring blood glucose in clients with known diabetes or who present with a blood sugar greater than 10.0 mmol/L; and avoiding the use of shaving skin prior to surgery (which can cause knicks and cuts prone to infection).

The implementation of this bundle meant several steps for Heartland. Physician order sets were created for all surgical types to ensure that the appropriate antibiotic was given prior to the surgery and that pre and post-operative care guidelines were clear for nursing staff. Education of these guidelines occurred and continues to be monitored to ensure that the importance of the steps is clearly understood by providers.

Infection rates also needed to be monitored to ensure that processes are effective. A phone follow up process for all in and outpatient surgeries is now conducted 30 days post-operative. This phone follow up allows the client to share their experience and discuss with a member of the team any signs, symptoms, test or treatments that have occurred in the first 30 days following surgery. Results of this survey are shared with the Surgeon and the surgical committee for review and appropriate follow up and correction as needed. These "potential" infection rates are reported throughout the organization for awareness.

Figure 16: SSI Bundle Implementation and Tracking



Medication Reconciliation

Provincial Breakthrough this project supports: Safety Culture: Focus on Patient and Staff Safety

Provincial Outcome this project will impact: By March 31, 2017, no adverse events related to medication errors

Provincial Improvement Target this project will move: By 2015, medication reconciliation will be undertaken at all admissions and transfers/discharges in acute, long term care and community.

Project Name: Medication Reconciliation on admission

Heartland Health Region Project: Medication Reconciliation on admission to acute care

Outcome: Not Achieved

Description and Evidence:

Clients are at risk for medication errors and adverse events due to lack of clarity of medications being taken at the time of admission. Through the use of the Saskatchewan Pharmaceutical Information Program, Nursing and Physician staff are now able to receive a list of medications

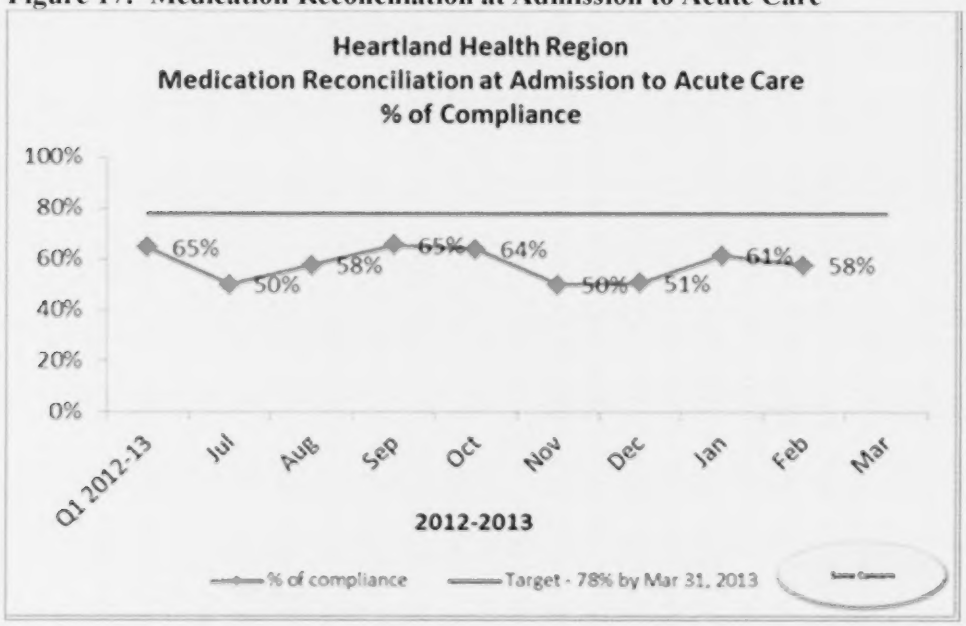
taken in the past four to six months and confirm with the client what they are still taking and when the medication was last taken. This allows the Physician or Nurse Practitioner to make safer decisions while writing medication orders for the client.

While medication reconciliation is not new, the process has been evolving for some time. During this fiscal year, the region focused on standardizing processes, being involved at the provincial level on safer, easier ways to reconcile and training educators to support staff in how to effectively reconcile. The region also created a mistake proofing electronic auditing tool to ensure that reconciliation was completed appropriately while the client is still in our care. This included the creation of guidelines and educational tools as well as class and one on one sessions with nursing and physicians.

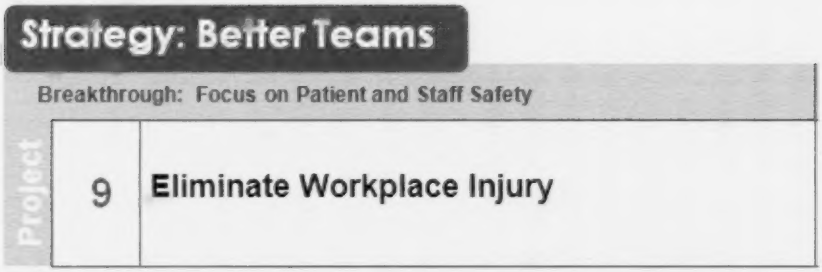
Heartland Health Region was faced with several barriers over the year; compliance, physician manpower issues, understanding of clear processes and issues related to single physician practice in a community. These issues were a challenge to address as auditing had been retrospective on a quarterly basis. A move to real time daily mistake proofing was created for the new fiscal year for 2013-2014. Continued emphasis on safety for the patient, rather than data collection, will be the emphasis for 2013-2014.

The region was unsuccessful in achieving the target of 78% for 2012-2013 and will be moving in 2013-2014 to 100% on admission as well as creating and implementing process for reconciliation on transfer and discharge.

Figure 17: Medication Reconciliation at Admission to Acute Care



Better Teams



Provincial Breakthrough this project supports: Workplace Safety
Provincial Outcome this project will impact: By March 31, 2017, zero workplace injuries
Provincial Improvement Target(s) this project will move: By March 31, 2014, 100% of regions have implemented a safety management system; By March 31, 2016, 100% of regions receive a 60% audit score
Project Name: Eliminate Workplace Injuries

Heartland Projects: Standardized Safety Management System, Workplace Injury Reduction
Outcome: Achieved
Description and Evidence:
Healthcare has the highest workplace injury rate of any industry in the province.
The direct and indirect costs of these injuries affect the personal health of staff, patient care and employee engagement.

Workplace injuries are preventable and Heartland is committed to implement processes that minimize the incidence of injury and illness in our workplaces. These processes are part of a "Safety Management System" which has been standardized for healthcare organizations throughout our province.

The purpose of the system is to identify, eliminate, and control hazards, on an ongoing basis, to protect the health and safety of workers. It includes the following six elements:

1. Management commitment and leadership
2. Hazard identification and control
3. Training and communications
4. Inspections
5. Reporting and investigations
6. Emergency response

The written standards within the elements serve to assist our staff in the following areas:

- Comply with legislative requirements as prescribed by the Occupational Health and Safety Regulations and Act. Everyone in the workplace has a responsibility for health and safety of themselves and others, but the tasks and responsibilities vary according to whether you are an employer, supervisor or worker. This has been ongoing work

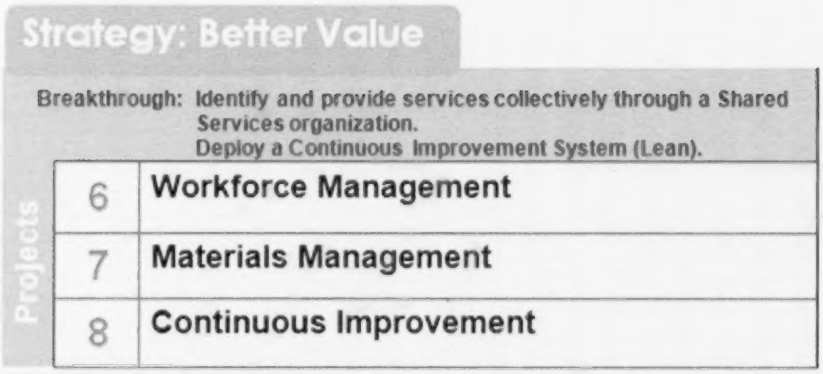
throughout the region, through the work and service of the Occupational Health Committee members at each site, managers and leaders, and regional OH&S service staff.

- Work to identify and resolve health and safety issues, effectively, efficiently, and cooperatively, ensuring no one is unnecessarily placed at risk.
- Demonstrate that required elements are active and in place.

Key actions in 2012-2013:

- Heartland Health Region Safety Services worked with provincial partners to adopt a provincially standardized Safety Management System. Completed in September 2012.
- Identify gaps in our existing safety program through conducting self-assessments of our current system. Completed in December 2012.
- Developed an action plan to address our gaps, in consultation with Occupational Health Committee members and other employees. Completed March 2013.

Better Value



Better Value – Shared Services

Provincial Breakthrough this project supports: Identify and Provide Services Collectively through a Shared Services Organization

Provincial Outcome this project will impact: March 31, 2017 the healthcare budget strategically invested in information technology, equipment and facility renewal.

Provincial Improvement Target this project will move: By March 31, 2015 have achieved an accumulated total savings of 100M through shared services initiatives.

Project Name: Workforce Management

Heartland Project: Gateway Online – A Human Resources Initiative

Outcome: Achieved

Description and Evidence:

Our Human resource is not utilized to their full potential as they spend significant time doing work that takes away from direct patient care. Nurses are scheduling and managers are completing change forms.

Gateway Online (GO) is a provincial initiative focused on the standardization and automation of end-to-end Human Resources business processes across Saskatchewan's Regional Health Authorities and the Cancer Agency with capacity for both manager and employee to access the same day-to-day processes for the delivery of staffing, payroll, scheduling and benefits.

Gateway Online is a self-service system for employees and managers that provides immediate access to payroll, staffing, benefits and scheduling processes. Gateway Online benefits include:

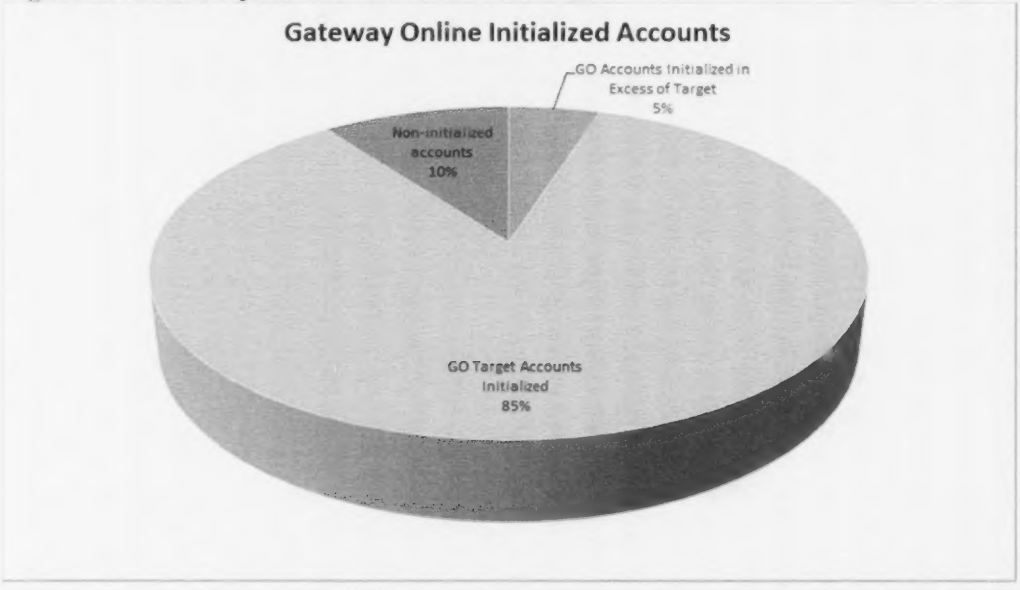
- myPay - you can view your paperless pay statements 24/7 from any computer
- myInfo - You can make changes to your personal information – name, address and more
- myTalent - You can create and maintain a record of your career related information including licenses, education, courses/training, languages, membership, skills and work experience – these will help you monitor and plan your professional development
- mySay – you are given the opportunity to provide valued feedback about Gateway Online
- online services are secure, fast, easy and green!

On February 29, 2012 Heartland Health went live with the paperless pay module of Gateway Online. With the implementation of the Personal Information module on June 22, 2012 employees have access to and can update their personal information such as phone numbers, addresses and banking information. Employee Talent followed in December of 2012 and Position Management in January 2013. As of March 31, 2013, we exceeded our original target of 85% in the first year of being online with 90% account initialization within GO.

To date the Gateway Online project has focused on the employees. Beginning with job postings and applicant tracking in June 2013, we will begin to focus on the managers. Future Gateway Online services to be offered include leave of absence requests, internal job posting and application processes, viewing scheduling details, accessing employment documents such as Record of Employments and T4s, and more.

Gateway Online has moved to daily work in 2013-14. We will continue to monitor employee/manager activity and the identification and implementation of the automated, standardized processes for human resources that is Gateway Online.

Figure 18: Gateway Online Initialized Accounts


Gateway Online Initialized Accounts
GO Accounts Initialized in Excess of Target 5%
Non-initialized accounts 10%
GO Target Accounts Initialized 85%

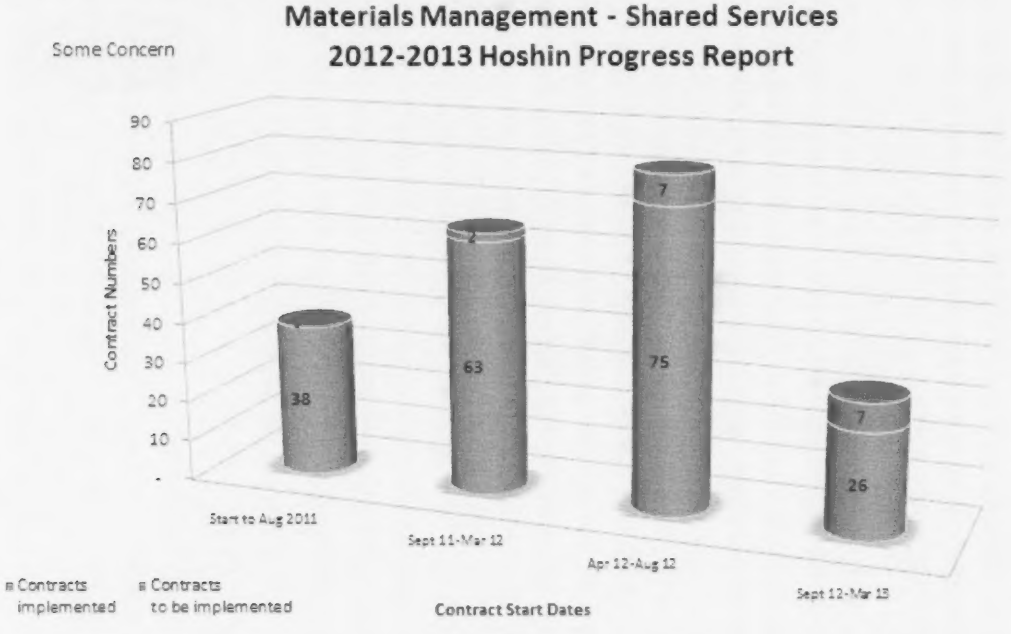
Provincial Breakthrough this project supports: Identify and Provide Services collectively through a Shared Services Organization
Provincial Outcome this project will impact: March 31, 2017 the healthcare budget strategically invested in information technology, equipment and facility renewal.
Provincial Improvement Target this project will move: By March 31, 2015 have achieved an accumulated total savings of $100 million through shared services initiatives.
Project Name: Materials Management – Shared Services

Heartland Project: Identify and Provide Services Collectively Through a Shared Services Organization - Materials Management
Outcome: Achieved
Description and Evidence:
Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. 3sHealth and health regions operate like a customer driven business to achieve cost savings, cost avoidance, and better system value.

As of March 31st, 2013 3sHealth and the regions have committed to 218 supply contracts for clinical, special services, and clinical specialty consumables, as well as 2,359 pharmacy contracts, totaling 2,577 contracts. Due to the nature of pharmacy contracts, the implementation process is immediate with the vendor, while the supply contracts require more clinical engagement with many considerations to be made and steps to be completed.

In 2012-2013 Heartland Health Region has been measuring the number of supply contracts committed to for the province, in comparison to the number of contracts Heartland Health Region has successfully implemented. This was an important metric for Heartland Health Region to measure, as our budget was reduced for the suggested savings of each contract, so it is important to ensure we have implemented the contracts to ensure the savings are achieved. Of the 218 supply contracts committed to, Heartland Health Region is at 93% compliance, successfully implementing 202 of the committed contracts.

Figure 19: Materials Management - Shared Services



Provincial Breakthrough this project supports: Deploy a Continuous Improvement System including training, infrastructure across the health system
Provincial Outcome this project will impact: By March 2017, the employee engagement provincial average score exceeds 80%. By March 31, 2017, (based on a five year rolling average) the healthcare budget increase is less than the increase to provincial growth.
Provincial Improvement Target this project will move: By 2017, 25% of staff are trained in Continuous Improvement (CI) basics; 400 staff dedicated to CI by March 31, 2017, 500 staff are engaged in Rapid Process Improvement Workshops. By March 31, 2017 more than 1000 focused quality improvement events involving front-line staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.
Project Name: Continuous Improvement System

Five Year Improvement Targets
Results:

- By March 2017, 25% of staff and clinicians are trained in continuous improvement basics.
- By March 2017, 400 staff will be dedicated to continuous improvement.
- By March 31, 2017, more than a 1,000 focused quality improvement events involving frontline staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.

2012 – 2013 Hoshin
Deploy a Lean Management System including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Park and Saskatoon.

Heartland Project: Continuous Quality Improvement Hoshin
Continuous Improvement Target: 100% of Senior Leadership Team (SLT) members successfully complete the classroom learning or theory components of the Lean Leadership Training.
Outcome: Achieved
Description and Evidence:
The Heartland Health Region Senior Leadership Team consists of seven members: CEO, VP of Health Services, VP of Primary Health and Quality Services, VP of Corporate Services, VP of Human Resources, Director of Environmental Services and Capital Projects, and the Senior Medical Officer. All seven SLT members attended the three instructional sessions of the Lean Leadership Training and achieved a "pass" rating on the multiple choice exams associated with the required readings, as well as a "pass" rating on the oral exam based on the twelve modules. In both cases – the multiple choice exams and the oral presentation – participants receive either a "pass" or "fail" rating.

There is also a practical requirement to Lean Leadership Training in that participants have to complete three improvement workshops, known as Rapid Process Improvement Workshops

(RPIWs), under the guidance of certified leadership. These workshops will be undertaken by leadership at a later date.

Continuous Improvement Target: Sponsor the participation of one project team through the "Mistake Proofing" learning module, as another part of the Lean Leadership Training (LLT). This includes traveling to visit world renowned Lean health care organizations and selected manufacturers, as well as completing assignments to report out to an LLT instructor.
Result: Partially achieved (the feedback from the LLT mentors about the quality of the project was not available at year-end).

Description and Evidence:
A team of five Heartland Health Region executives and managers travelled to Seattle, Washington to tour and take-in sessions at Virginia Mason, Seattle Children's Hospital and a manufacturing plant in Ogden, Utah. The team also reported out on results and findings associated with various work sheets for the project selected by the HRHA team: falls reduction in Long Term Care.

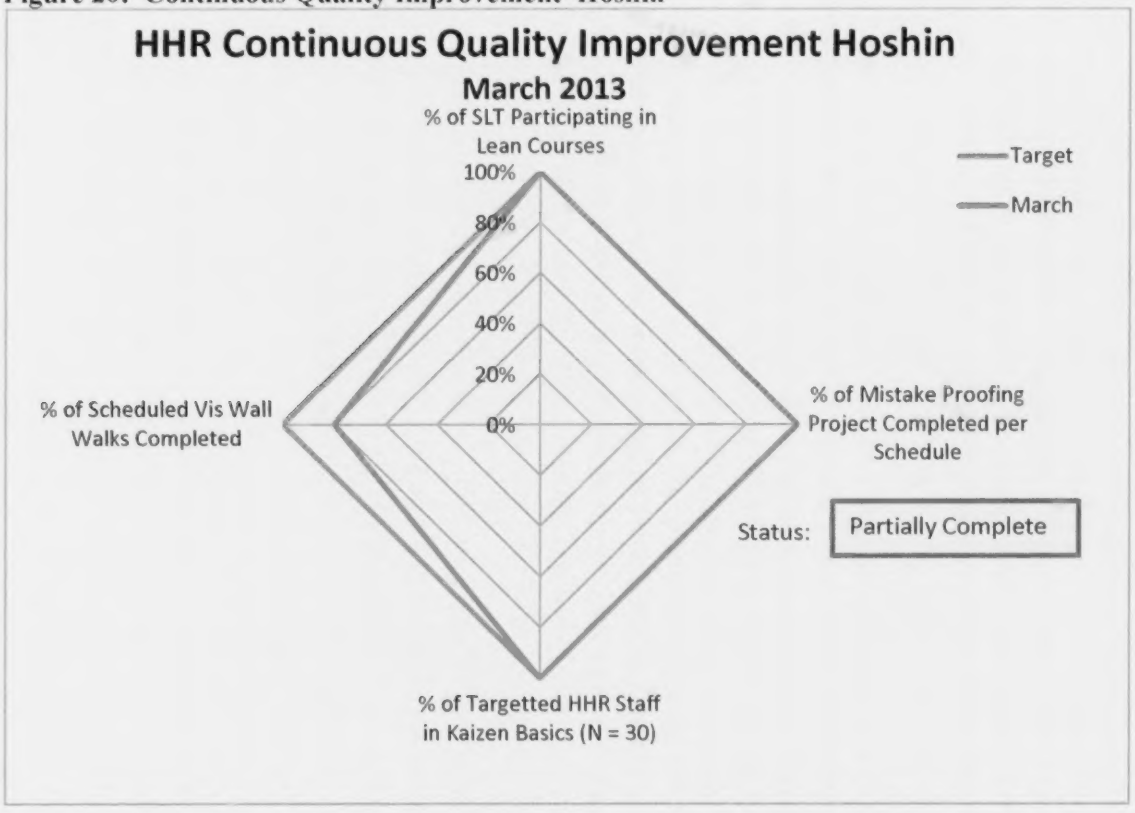
Continuous Improvement Target: Provide a one-day workshop, "Kaizen Basics" to a minimum of thirty HRHA staff.
Outcome: Achieved
Description and Evidence:
A total of twenty six Heartland Health Region staff attended a Kaizen Basics workshop in Rosetown, while another four staff attended sessions in Saskatoon. Another workshop for Kindersley had twenty six staff registered for it, but unfortunately this session had to be cancelled due to inclement weather conditions that limited travel.

Continuous Improvement Target: Deliver a monthly visibility wall walk where progress and, if necessary, corrective actions are reported out for specific improvement projects tied to the provincial Hoshins.
Outcome: Partially Achieved
Description and Evidence:
A total of ten visibility wall walks were completed during the fiscal year 2012 – 2013, which were two off of the target of twelve wall walks.

Continuous Quality Improvement Chart, 2012 – 2013

The following chart depicts HRHA's performance across several continuous quality improvement metrics.

Figure 20: Continuous Quality Improvement Hoshin



Better Health

What is Primary Health Care?

Primary health care makes up about 80 percent of the services provided every day in the health system. It includes visits to family physicians, nurses and nurse practitioners, pharmacists, therapy services, and calls to the provincial HealthLine. Primary Health Care is the road map for a patient-centred, collaborative and multi-disciplinary approach that ensures timely access to the right care in the right place at the right time.

An important role of Primary Health Care is to assist patients and their families with assistance in navigating service options and in promoting healthy lifestyles. Every day in Saskatchewan, thousands of people experience Primary Health Care. They visit their family physicians for a physical. They call HealthLine about their sick child. They manage their diabetes, arthritis, or other chronic conditions. They get advice about quitting smoking from their pharmacist or a nurse practitioner, talk to a mental health counselor about their depression, a dietitian about nutrition, or receive an exercise program from an exercise therapist.

With Primary Health Care, patients and families are at the centre of their care with an emphasis on access, superior patient experience and improved health. Strengthening Primary Health Care will enable patients to be more successful at self-managing chronic conditions like diabetes and chronic obstructive pulmonary disease (COPD).

In 1997, Dr. Tony Hamilton and at what that time was the Midwest Health District asked the question "Who'll do the doctoring when all the doctors are gone?" Administrators hoped the solution would come from a pilot project initiated in Beechy, Saskatchewan. Those involved hoped that it would be a new model for rural health care in the next century; a model that could provide optimum health care even as the supply of physicians was expected to decline and a shortage was forecasted. Beechy became the first Primary Health Care site in Saskatchewan with a Nurse Practitioner and a Physician working side-by-side in patient care. The success of the project in Beechy was due largely to the vision, foresight and support from Dr. Tony Hamilton.

Since September 2001, Dr. Hamilton's successor, Dr. JC Cooper has been an integral member of a high-functioning team. The team includes three Nurse Practitioners based in Beechy, Lucky Lake and Kyle. Dr. Cooper and the Nurse Practitioners also work with many other health care providers in delivering care to their patients. These Primary Health Care Clinics are a wonderful example of what can be achieved when health services are planned with a patient-centred approach by all team members.

Working to improve Primary Health Care in our region will allow us to make greater use of our health care team by maximizing their skills and abilities. The team works collaboratively to provide a range of services for the patient. Primary Health Care creates attractive work environments and better work/life balance to support recruitment and retention of physicians and other health care providers.

Primary Health Care has often been described as the "everyday care" that a person needs to protect, maintain, or restore health. It is often a person's first point of contact with the health system.

The Primary Health Care system of the future will be patient-centred and ensure timely access to appropriate care with assistance to navigate services and supports for maintaining good health. Patient and families will be true partners in their health care and will be assisted in managing and maintaining their own health to the greatest extent possible. Patients living with or at risk of chronic disease will be supported and empowered to manage their conditions and given timely access to care when needed. As well, patients will choose their primary health care team, which will be their home base for health services and improved access.

A patient's health care team will include, or be connected to, family physicians, and could also include nurses and nurse practitioners, pharmacists, traditional healers, emergency medical technicians, mental health professionals, addictions workers, social workers, dietitians, home care workers, midwives, community outreach workers, specialist physicians and others, based on the needs of the patients and their community.

Figure 21: Primary Care Team in Beechy, Lucky Lake and Kyle

Chronic Disease

The provincial government will be concentrating on trying to reduce hospital admissions for the six most common chronic conditions. These have been identified as coronary artery disease, chronic obstructive lung disease, congestive heart failure, diabetes, depression, and asthma. If these conditions can be managed properly, there is less need for these clients to be admitted into hospital.

It is a well-researched and well-known fact that most persons with a chronic condition will benefit from a program of regular exercise. People living in a major city generally have more opportunities to access specific rehabilitation classes after suffering a heart incident, or for the management of chronic lung disease, diabetes or arthritis. Since Heartland does not have just one major centre and has a relatively small population, it was a challenge to find accessible and

manageable ways of looking after clients in our Region who cannot access programs in Saskatoon or Regina. Over the past few years, the Region has experimented with different ways of providing cardiac, stroke and COPD rehab as well as ongoing support for those people with diabetes and other chronic conditions. The "Walk This Way" to Better Health program was initiated utilizing and crediting many of the materials already being developed for Live Well programming at the Field House and Shaw Centre in Saskatoon and the 'Strides To Better Health' program in Prairie North Health Region.

"Walk This Way" is not just a walking or exercise program. It is a chronic disease rehabilitation program which is based on twelve weeks of monitored walking and strength/flexibility exercises along with disease specific education provided by primary health team members such as the dietitian, physiotherapist, mental health professional, and nurse practitioner among others. Participants can gain entry to this program by a referral from their physician, another health professional, or by self-referral. The chronic conditions nurse and the exercise therapist both conduct an initial assessment before the client begins to ensure suitability to the program, and safety of the participant. The assessment involves medical history, basic mental health, activity, falls, and anthropometric measurements (ex. BMI, blood pressure), as well as standard fitness test measures such as the 6-minute walk, sit-to-stand, arm curl, agility and flexibility.

"Walk This Way" was launched in Outlook in January 2013 to link into a previous program there that the exercise therapist was already involved in. With the addition of a second half time exercise therapist position, the Region will be able to spread the program to Rosetown beginning in April 2013. It is hoped that the program will eventually be offered in other centres throughout the region in order to be accessible by more of the population. Ideally, clients will commit to attend the 12 week rehab program and then return to their own community to a regular walking program that many communities already have in place.

The Nurse Practitioner (NP) in Beechy saw a need for her COPD clients to begin regular exercise and breathing techniques in order to manage their condition more effectively. She offers a supervised program twice a week. When a particular educational need arises, the NP takes advantage of the other health professionals who visit Beechy inviting them to walk with the group and educate at the same time. This group has expanded to include people with other chronic conditions. Groups such as these allow professionals to see more clients in one day than they might otherwise see on a clinic day as well as provide more regular follow up to clients which has also been proven to improve outcomes in people with chronic conditions. The clients benefit from the association with others with chronic conditions. Many have expressed that getting out and socializing through the exercise has helped them to better manage the depression so often associated with a chronic condition.

"Living Well with Chronic Conditions", the six week self-management course for people who live with chronic conditions, continues to be held in Heartland as often as need be. People who attend "Walk This Way" would benefit from attending "Live Well" next to expand their skills in setting goals, talking to their physicians to get the information they need and dealing with depression which is a natural part of the pain cycle associated with any type of chronic pain. The more skills that people have for managing their condition, the more in control of their lives they feel and do not let the disease control them.

A well-developed part of our chronic conditions programming is the regional diabetes education team. The region now has six certified diabetes educators who offer diabetes education and support for residents of Heartland. Diabetes classes are offered and modified on a regular basis to enhance self-management skills of people with diabetes. The goal is to empower participants to understand their blood sugar results and be proactive in managing their diabetes. Pre-diabetes classes are also offered on an 'as needed' basis. Group classes are becoming more common not just as a way to better manage our workload but also because it provides a setting by which clients can learn from others with the same illness and not feel so isolated. Cholesterol classes are also offered on an 'as needed' basis to help those with elevated cholesterol learn the lifestyle approaches to assist with treatment.

Our chronic conditions programs are built around the needs of our clients and are therefore constantly being evaluated and changed as necessary to give the best client care. Many clients hesitate to attend the programs we offer as they feel that they are responsible for their condition. No matter the reason for the condition developing, we work in a 'no blame' atmosphere and try to offer as much support and education as we can to everyone who reaches out for help.

Chronic Conditions staff work closely with the public health nutritionist, public health nurses and other members of the Population Health staff within the Region to teach people from a young age how to live a healthier lifestyle in order to prevent some conditions if possible. Healthy eating throughout different stages of the life cycle is addressed in "Introduction to Solids - Feeding your Baby" classes, behavior modification to improve eating habits with "Craving Change" classes and "Cooking with Seniors" are some of the ways in which staff work toward prevention.

All of the programs are based on need and we encourage people to come forward and identify a need they might see in their community and the team will work together to try to find solutions.

Immunization

Every year a combined effort between Public Health Nursing, regional Nurse Practitioners (NPs), facility immunization RNs, and regionally based physicians continues to address the needs of Heartland communities during Influenza Season.

Public Health Nurses (PHNs), NPs, designated facility immunization RNs, and physicians provided the following vaccinations for seasonal influenza this year:

- **4,950** doses of influenza vaccine to residents under 65 years of age;
- **4,589** doses to Heartland residents 65 years of age and older;
- **1,145** doses to Health Care Workers or 66.5% of eligible employees received their annual influenza vaccine.

This was the third year the Province of Saskatchewan supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

Long Term Care (LTC) facilities provided 398 doses of vaccine to a possible 488 residents of LTC facilities (**81.6%** of LTC residents – down 6.4% from last season).

In 2012-13 the Public Health Nurses (PHNs) provided extensive Maternal and Child Health services and clinics throughout the region:

- They offered 557 clinics
- There were 3,357 appointments (scheduled 45 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health.
- There were 1,366 fifteen (15) minute appointments to specifically address immunization requirements only.
- The regional PHNs also received 508 postnatal referrals this year (up from 444 in 2011-2012), and made themselves available for 510 postnatal home visits, providing care and support for new mothers and families in their homes and an additional 416 contacts and home visits specifically aimed at supporting breastfeeding mothers and babies

In the 2012-13 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 2,950 school immunizations based on current provincially funded programs.

Not including annual influenza programming for Heartland Health Region employees, the PHNs did address 695 staff health consults and gave another 615 immunizations to employees (up from 429 last year).

Travel health and vaccine sales clinics (activity for 2012-2013)

- 2012-2013 was the fourth year of expansion of the travel health and vaccine sales services.
- There were a total of 167 travel/sales clinics this past year, up from 146 in the previous year.
- In those clinics, the travel PHNs saw 745 clients for consults and 652 clients for 15 minute appointments.

With Client Centered Care as our priority, PHNs made 181 referrals to other Health Care Professionals to support clients to access specialized services as they identify, helping to ensure better health outcomes for the client and their family

Communicable Disease

The Communicable Disease program coordinated the investigations of 146 reportable communicable disease cases this past year. Public Health Inspectors and Public health Nurses work together to provide follow up education to the clients, to work with regional physicians in diagnosis and confirmations, and to support communities when required. There were 134 Sexually Transmitted Infection cases and contact investigations that occurred in 2012-2013, coordinated through regional Communicable Disease programming.

Outbreak Management

In 2012 (January to December) there were twelve (12) outbreak investigations in Heartland's facilities and five (5) outbreak in the community that included:

- Eleven (11) gastrointestinal outbreaks (six of which were laboratory confirmed Norovirus).
- Six (6) respiratory outbreaks (three of these were lab confirmed Influenza A, one was lab confirmed Human Metapneumovirus, and two were undefined).

Fluoride Varnish Preschool Program

As a part of the Saskatchewan surgical initiative, a fluoride varnish program was implemented in the Heartland Health Region in April, 2011. Statistics indicate that many children in Saskatchewan have experienced tooth decay or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parent and the health care system and reducing the number of young children having general anaesthetic administered and freeing up operating room time for other surgical procedures. Clinics are held at the following locations: Biggar, Davidson, Dinsmore, Eatonia, Kerrobert, Kindersley, Macklin, Outlook, Rosetown, Unity and Wilkie.

Number of preschoolers screened: 359
Number of initial fluoride varnishes applied: 359

Dental Sealant and Fluoride School Program

As a part of the surgical initiative, a fluoride varnish and dental sealant program was implemented in Heartland Health Region in the spring of 2012. All students in grade one who attend schools where tooth decay rates are higher are eligible to participate in the varnish and sealant program. In the fall of 2012, the dental sealant and fluoride varnish program was also offered to all grade seven students who attend schools where tooth decay rates are higher. The goal of the program is to reduce and stop tooth decay by providing:

- Dental Health Assessments
- Referral and follow-up
- Fluoride Varnish Applications
- Dental Sealant Applications

The dental team provided dental assessments, sealants and varnish to five schools from Feb. 1, 2012 – March 31, 2012.

Number of Grade One and Seven students screened: 292/356 (82%)
Number of Grade One and Seven students who received a varnish application: 290
Number of dental sealants placed on permanent molars: 883

Health Promotion

The Population Health Promotion and Nutrition programs work together to effect change that improves health in the population. This is primarily done through the lens of the social determinants of health in partnership with community stakeholders and a variety of health disciplines in the health region. This ensures communities are active participants in determining the supports needed to make healthy choice the easy choice. This is an interdisciplinary team-based approach that includes partners such as community residents, Sun West School Division, Living Sky School Division, Great Plains College, West Central Early Childhood Intervention Program, Municipalities, Rosetown and District Museum, Wheatland Regional Library, Rivers

West and Prairie Central Districts for Sport Culture and Recreation, Saskatchewan Parks and Recreation Association, Heart and Stroke Foundation, Pharmasave, Rosetown and Kindersley Food Banks, West Central Crisis and Family Support Center.

The social determinants of health are life factors that affect one's ability to make healthy choices. Some factors are broader than personal choice and include health services, social support networks, education and literacy, social and physical environments, personal health practices and coping skills, healthy child development, and employee working conditions. Examples of how Heartland strives to help address these factors through community driven initiatives are:

Health Services

- Provincial Health Practices Standards – Work in collaboration on a provincial level to ensure high quality of health services and practices are available to Heartland residents. These include Child Health Clinics protocols, Nutrition and Growth Assessment Manual and Healthy Weights.

  Social Support Networks - Family/Support Centres – Unity, Biggar, Kindersley and Rosetown each have created and sustain services geared towards their communities' needs. At this time, Outlook does not have this resource, but stakeholders did explore the need for such a service.

Education and Literacy

- Regional Literacy Projects – These include Books for Life (early literacy promotion geared to newborns and their families), training opportunities and development of resources.
- Good Health and Health Matters – Provides prevention messaging to the general public via radio and newspaper.

Social and Physical Environments

- Rosetown and Biggar Youth Centres – Provides a safe, fun environment for youth that promotes healthy lifestyle choices and relationship building with positive community mentors.
- Healthy Built Environment – Works with regional and provincial stakeholders to address how environments affect the choices made.
- Seedling Adventures Community Garden – Increases access to healthy food while learning new skills and being active.

Personal Health Practices and Coping Skills

- Youth Drug Prevention – Initiatives include resource development specific to youth and working with communities to develop strength based programs to meet their unique needs.

Better Care

Accreditation Survey Visit Preparations

Anticipation and optimism are the feelings around Heartland Health Region as Board members, staff and physicians gear up for Accreditation. Heartland Health Region will be undergoing its fourth Regional Accreditation later this year from June 23rd – June 28th 2013. During this time, a group of eight surveyors from Accreditation Canada will be visiting the region to conduct an external peer review process, the focus of which is improving patient safety and the quality of our services.

The accreditation process provides valuable feedback to the Region that is designed to support and guide Heartland Health Region's continuous quality and safety improvement activities. This includes being assessed on and understanding what is being done well, what needs to be improved, and what next steps need to be taken to make those improvements."

Surveyors are experienced health care professionals from health services across Canada. They are peer reviewers who assess the performance of health organizations against national standards of excellence and provide recommendations for improvement. They use observation, discussion, and document review to rate the organization's basic elements of safety and quality. They move throughout the organization talking to staff and clients/patients and residents.

All levels of care and service are represented, from Board Governance to Long Term Care, Community based services and Support Services such as Laundry and Housekeeping. Participation of staff from all levels of the organization is important in the accreditation process and incorporating quality improvement into the daily culture.

The surveyors trace and assess experiences of patients/clients throughout their care journey. To follow the patient's journey, Surveyors conduct client/family interviews, observations, document reviews and discussions with staff. Surveyors will also discuss the quality improvement initiatives with staff, tour the facilities and discuss various aspects of patient care such as medication management, surgical procedures, infection control, and long term care.

Heartland Health Region is committed to patient safety, continuous quality improvement, and Accreditation as a vital part of ensuring that we continue to meet national standards and expectations in all that we do. Accreditation is an ongoing process, not a single event that assists Heartland Health Region to continually improve our provision of care and service to patients, and our functioning of services and processes within the organization. Patient safety and quality improvement, along with staff safety are everyone's responsibility and everyone contributes through the ongoing care and service they provide. Input and improvement through Accreditation and other day-to-day processes is welcome and encouraged.

Meal Standardization

Heartland Health Region implemented a regional standardized menu in our facilities in June 2012. Our standardized menu came with standard recipes, portions control and 3S Health contract priced items. The menu provided our clients with a nutritionally balanced meal according to the Canada Food Guide. Support Services is working with the Quality Services team, regional Dietitians, Head Cooks and management to improve the menu options, quality of

food and product choices to best serve our client's needs. Better nutrition for our clients with our new improved menu will help increase healing of wounds, promote natural bowel care and has been linked with falls prevention for our clients.

The Voice of the Customer

Heartland Health Region continues to participate in the Health Quality Council's Acute Care Patient Experience Survey. This survey evaluates the quality of inpatient acute care by asking clients about their overall experience in our acute care facilities – questions regarding communication, care, environment, and overall experience. The results provide the region with the ability to hear the voice of our customers with the intention of improving patients' experiences with care.

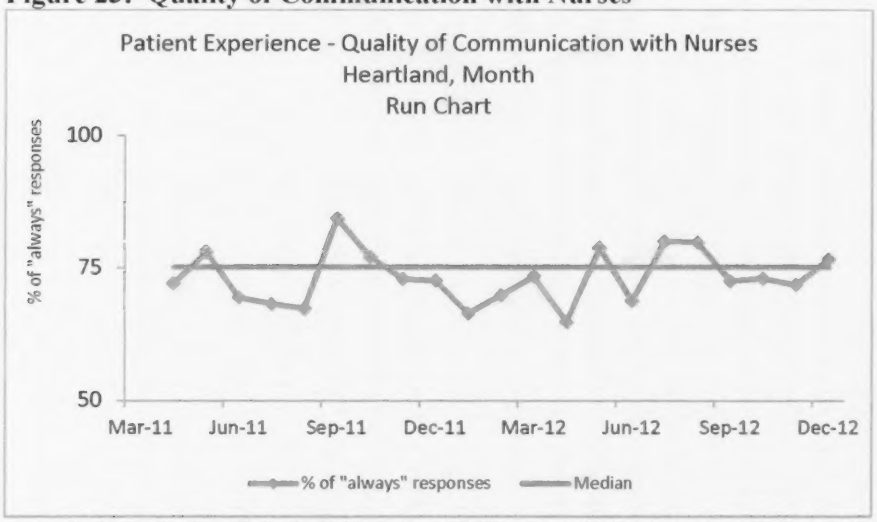
"The best possible hospital" is a measure of the proportion of patients who rate the hospital where they received their care as a 10 on a scale of 0-10. Throughout the entire timeframe shown, Heartland had a median (37.23) very close to the provincial target of 37.1%. Between April and August 2011, there was a downward trend. Since that time, however, the proportion has remained near the median, suggesting no overall change.

Figure 22: % Patients Rating Their Hospital 10/10

Source: Health Quality Council. Quality Insight 2013. Available: www.qualityinsight.ca Accessed May 8, 2013.

When it comes to patient satisfaction, one of the most important contributing factors is the communication patients receive from their nurses. The composite measure "Communication with Nurses" shows the percentage of 'always' responses to three questions: "How often did nurses treat you with courtesy and respect? How often did nurses listen carefully to you? How often did nurses explain things in a way you could understand?" Looking at the results, the proportion answering 'always' in Heartland has generally varied between 65% and 80% over the timeframe shown, which is similar to last year's report.

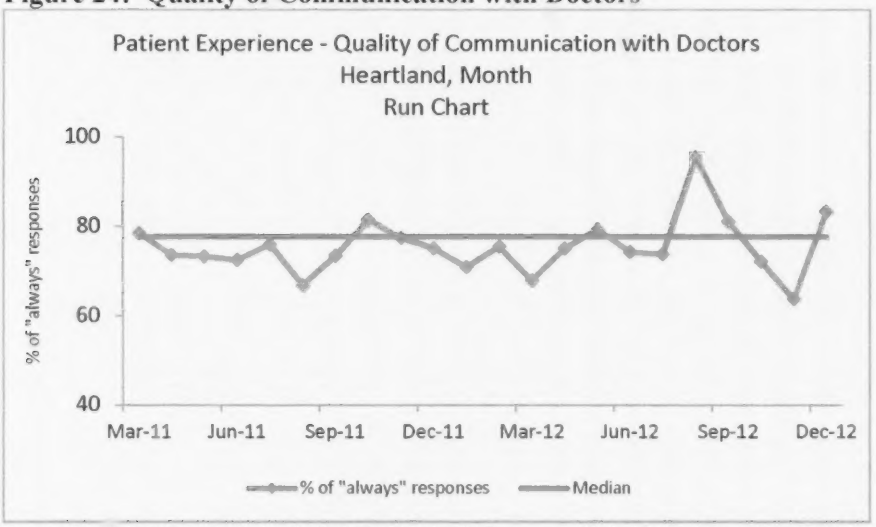
Figure 23: Quality of Communication with Nurses



Source: Health Quality Council. Quality Insight 2013. Available: www.qualityinsight.ca Accessed May 8, 2013.

Another very important aspect in patient experience involves the communication patients receive from their doctors. The composite measure "Communication with Doctors" shows the percentage of 'always' responses to the three questions: "How often did the doctors treat you with courtesy and respect? How often did doctors listen carefully to you? How often did doctors explain things in a way you could understand?" Throughout the timeframe shown, the percentage of people responding 'always' in Heartland has generally been between 70% and 80%.

Figure 24: Quality of Communication with Doctors



Source: Health Quality Council. Quality Insight 2013. Available: www.qualityinsight.ca Accessed May 9, 2013.

Heartland Bereavement Partnership

A small group was formed in Rosetown as a pilot project to try to close any gaps related to bereavement. Representatives from the local funeral homes, the Rosetown Ministerial, the local

Volunteer Coordinator and Heartland Health Region have been working on a process where individuals/families going through the bereavement journey are contacted to offer additional support. Volunteer Services coordinators from around the region recently met and had a presentation on the bereavement program that is being piloted in the Rosetown area. The plan is to spread this program throughout the region in June 2013.

Releasing Time to Care

Releasing Time to Care (RTC) first implemented in the Outlook Health Centre is a powerful tool that empowers and involves all staff to focus on the delivery of quality patient focused care. It puts staff back in control of their ward, making decisions that affect them and their patients on a day to day base with a substantial amount of time being saved.

- RTC is led and implemented by front-line staff, supported by Senior Management and the Board.
- RTC empowers staff to find solutions to reducing waste that is embedded in the system – freeing up time to deliver quality, patient-centered care.
- RTC will result in better staff and patient satisfaction.
- The essence of the program is teamwork – staff working together to improve their environment and their activities
- RTC will engage all staff in finding ways to improve patient care
- The program is about staff creating sustainable quality improvements releasing time for more direct patient care

Gentle Persuasion

Gentle Persuasive Approaches to Dementia Care, otherwise known as GPA, is an innovative education curriculum that is being offered in the Outlook Health Centre. Many front-line staff in long term care has little or no best practice training in the management of challenging behavior associated with dementia. Staff consistently report feeling vulnerable and at risk of injury if they have not been trained in respectful, non-violent, self-protective techniques.

Gentle Persuasion addresses these needs and is targeted to all levels and departments of staff in the long term care facility. Involvement in Gentle Persuasion provides long-term care staff with invaluable education and the opportunity to develop skills to manage those responsive behaviours staff experience as highly catastrophic in an effective manner. The overall goal of the Gentle Persuasion approach is to educate staff on how to use a person-oriented, compassionate and gentle persuasive approach, respond respectfully and with confidence and skill to challenging behaviours associated with dementia.

The feedback received from the Outlook Health Centre long-term care staff has been very positive. Staff has indicated a high level of satisfaction with the gentle persuasion approach and has shown significant increases in perceived competency.

Patient and Family Centred Care

Patient and family centered care is the principle aim of the Saskatchewan health care system and questions related to this factor reflected this aim and desired culture. Placing a premium on quality care is important as health care employees want to work for respected health care employers with a genuine commitment to patient and family centered care. Health care

organizations need to take action to enable a focus on quality and service and engage employees in strategies to enhance patient service and satisfaction. The culture of the organization needs to be more sensitive to specific patient needs in order to support patient and family centered care. Heartland staff has voiced that patient and family feedback programs need to be improved to identify processes and methods that hinder quality care.

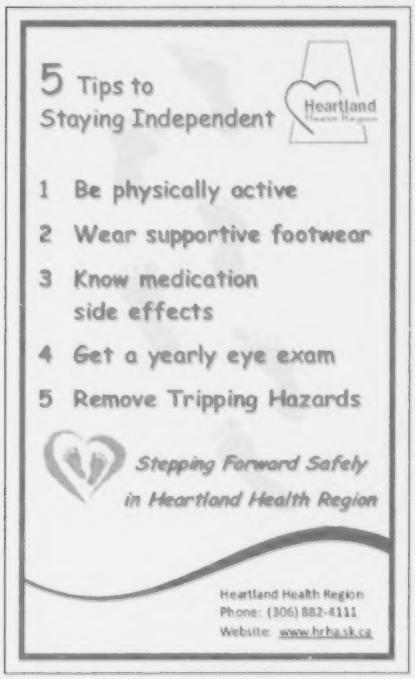
Heartland Health Region's progress around Patient and Family Centred Care involves community/family members participating on some committees and projects as they arise. Primary Care is an area that has been identified within our region for some targeted involvement. Our organization and those of us who work within it also need to be willing to redesign or work and processes to address the needs of patients.

An Update on Falls Prevention & Injury Reduction Stepping Forward Safely

Falls prevention and injury reduction continues to be a priority within Heartland Health Region within four service areas.

All Long Term Care (LTC) and acute sites continue with the program with evidence noted of increased awareness by staff of aspects of the program. For example, following risk assessment, interventions are put into place to mitigate the fall risk such as proper footwear, appropriate mobility devices, and intentional rounding.

Figure 25: Falls Prevention Magnet



The Home Care program has been rolled out to all home care service areas except for three. An addition this year to the program has been the distribution of magnets (Figure 25) to clients with Stepping Forward Safely tips.

Falls prevention in the community was a focus at local flu clinics. Staff representing a multi-disciplinary team (i.e. Occupational Therapy, Nutritionist, Podiatry) had displays and did risk screening. There was follow-up via phone for those at risk (who had given consent) with subsequent invitations to classes provided by therapies on specific ways to prevent falls at home and in community.

Falls Prevention and Injury Reduction remain an important practice within all Long Term Care (LTC) facilities in Heartland. The Home Care falls prevention implementation is almost complete across the region. Last fall there was an expansion of the falls program to all acute care sites within the region. Additionally, there are initiatives within Community Services for screening and work with seniors in the region. Although we have not seen a major reduction in falls in LTC, the staff have become very aware of best practices in this area and have instituted many changes in their facilities.

Grace Notes

To help reach more seniors in the community, a group called the Grace Notes has formed in Rosetown. Assisted from a grant from SGI for equipment and start-up costs, the group's purpose is to perform short songs and skits that focus on areas to keep seniors healthy and to prevent falls. The songs are adaptations of familiar tunes which creates familiarity for both the audience and the performers. Plans are underway to take their message to Rosetown senior's events and seniors housing complexes. The Grace Notes group hopes to be able to offer their services to other areas within Heartland in the very near future.

Figure 26: Grace Notes Community Group

Mental Health and Addictions

In an effort to address wait times for both Mental Health and Addictions services, the Regional Directors of Mental Health & Addictions in the province participated in a Kaizen that identified a process for **evaluating wait time metrics**. The Health Regions are participating in a Wait Time Metrics program where wait times are measured from when clients are admitted into the system through Centralized Intake to the first appointment that they chose to accept. The Centralized Intake Worker is entering the data and reporting results on a quarterly basis. The first year of the program has been completed and HHR has some of the lowest wait times in the province.

One of the strategies to effectively reduce wait times is to provide services to groups of clients. Examples of these groups - an Anger Management Group in Biggar, Coping and Support Group in Biggar, an Anxiety and Depression Group in Unity and a Depression Management Group in Outlook.

A Business Working Group has been struck by the Ministry of Health for the development of a new provincial Integrated Mental Health and Addictions Computerized Information System. The Clinical Supervisor for Addictions and the Centralized Intake Worker represent the region on the Committee.

A Consultant was hired through Health Canada funding to meet with Regions to determine how they were progressing on the Integration of Mental Health and Addictions and on establishing Performance Indications and Outcome Measures. The Clinical Supervisors, the Intake Worker, the Director of Quality Risk, Safety and Performance Management and the Director of Community Health Services met with the consultant on June 18th. The consultant identified that Heartland has made significant progress towards the integration of mental health and addictions.

Child & Youth

Heartland staff volunteered to pilot the Evaluation process for the CAFAS tool, Child & Youth Functional Assessment Scale. Heartland has been one of the few Regions who have all been reporting on the use of the scale, and now we will be involved in the pilot evaluation project. The scale is an outcome measure to determine the efficacy of treatment.

Adult Counseling

One of the largest *number* of referrals for services is being experienced by the Adult Counseling services. To deal with the increased workload and reducing wait times, the counselors participated in a clinical mapping exercise and developed Clinic Days where clients are given an appointment and are triaged for services. They are also using groups to address the workload by providing treatment and networking opportunities to clients.

Autism

An additional $70,000 was provided by the Ministry of Health in 2012-2013 to hire a second Autism Spectrum Disorder Support Worker. Funding from the last of the Three Year North Central Pilot Project in the amount of $95,000 was used to purchase contract services not available in the Region and included occupational therapy, speech language pathology and child psychology. Autistic clients were able to access those services within their home communities as opposed to travelling outside the Region. A Central Services Team also funded through the Pilot Project provided specialized assessment services for clients through the Alvin Buckwold Centre in Saskatoon. The specialized assessments provided assistance with planning for client care plans.

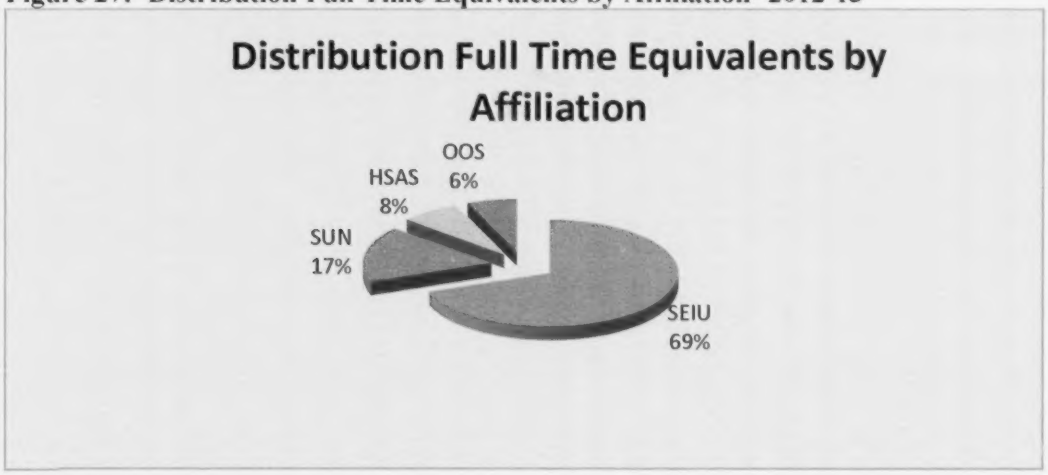
Therapies-Physio and Occupational Therapies

Heartland has been successful in having the capacity to provide Physio Therapy and Occupational Therapy services in the four Primary Health Service Areas – Unity, Kindersley, Rosetown and Outlook. Funding for additional positions came mainly from the Saskatchewan Surgical Initiative Project, to cover post-surgical recovery. Using the funding, the region was able to successfully recruit an Occupational and a Physiotherapist for the Outlook area, and a Physiotherapist for the Unity area.

Better Teams

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,842 people in positions equalling 1,105.70 Full-Time Equivalents (FTEs) in 2012-13 (Figure 13). The majority of employees (766.25 FTEs) belonged to the Service Employees International Union (SEIU), while 182.44 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 81.94 FTEs and 69.52 FTEs, respectively. The region was home to 20 physicians on March 31, 2013.

Figure 27: Distribution Full Time Equivalents by Affiliation- 2012-13



Employee Engagement

In May of 2011, health care employees across the province were asked for their views and opinions about their workplaces in an Employee Engagement Survey. Our staff truly are our most valuable asset as we are dependent on them to provide care for our patients, residents and clients. It is fitting that the region hears from our employees to understand the drivers of engagement and measure our effectiveness at unlocking the commitment and energy employees need to serve our patients in inspiring ways. Employee satisfaction leads to patient satisfaction. Leading organizations invest in developing and cultivating employee engagement as they understand engaged employees are the ones who will build an organization. Engaged employees are the most effective and constructive workers. They invest extra effort to ensure their contributions and impacts are meaningful because they are emotionally connected to their work and the organization. They actively and willingly strive for organizational success.

The employee survey measured key areas that are of concern to leaders and employees. Heartland's results have been reported by identifying the percentage of responses that were favourable, neutral or unfavourable. Generally under the favourable column a 70% or above is considered good, in the 60%-69% range is acceptable and lower than 60% would indicate the need to investigate further. What the Region found in each area is summarized in the following table.

Figure 28: Employee Engagement Survey Results

Summary of Heartland Health Region Employee Engagement Survey Results

Area	Favourable	Neutral	Unfavourable
Overall Engagement	61%	25%	14%
Workplace Health & Safety	81%	11%	9%
Work Environment	71%	12%	17%
Patient and Family-Centered Care	66%	21%	13%
Professional Growth	65%	18%	17%
Innovation	59%	26%	15%
Immediate Management	56%	21%	23%
Teamwork	54%	22%	24%
Performance Feedback	53%	26%	21%
Work-Life Balance	48%	16%	36%
Information and Communications	42%	20%	38%
Organizational Vision	41%	36%	23%
Senior Leadership	40%	33%	28%

Note. Favourable Score includes survey question responses of agree and strongly agree

The employee survey also measured overall engagement and job satisfaction. 60% of employees were satisfied with their jobs. Saskatchewan health regions have been challenged by the Ministry of Health to improve their engagement scores to an 80% overall engagement rate by March 31, 2017.

The employee survey measured key areas that are of concern to leaders and employees. Listed below are those key areas and the actions that Heartland has undertaken in 2012-13.

WORKPLACE HEALTH AND SAFETY

Employee Wellness Committee

The Employee Wellness Committee (EWC) was established in April 2012 and is accountable for researching, planning, developing, evaluating and recommending programs for the enhancement of personal and workplace health and wellness among Heartland Health Region employees. The Employee Wellness Committee is a committee made up of various Heartland Health Region Employees. The committee is under the direction of the Vice-President of Human Resources, the senior leadership (sponsor) from within Heartland Health Region.

The EWC conducted an Employee Health Interest survey to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health promotion. 253 employees responded to this survey and results have been posted for the awareness of all staff.

New Incident Reporting

Education and circulation of new incident report forms and standardized process for submitting has been implemented. The next phase will be supporting and identifying the investigation

process and identification of corrective actions and appropriate follow up of same. This is part of the OH&S Manager role as well as a team effort/response from OH&S program support staff such as the Employee Wellness Nurse, TLR Instructor Trainer.

Student Bursaries

Heartland offers a Student Bursary program. The purpose is to recruit and retain needed health care professionals to meet the needs of the people within the region. The Heartland Health Region Bursary is offered to students in a variety of health disciplines such as those studying to become Registered Nurses, Registered Psychiatric Nurses, Primary Care Nurse Practitioners, Physical Therapists and Licensed Practical Nurses. In return for this assistance, a bursary recipient must commit to work within the Region. These bursaries are available to existing Heartland employees who are advancing their health care education.

In 2012, Heartland offered 8 student bursaries and all 8 have signed a return for service agreement. Those 8 students consist of 2 Nurse Practitioners, 3 Registered Nurses and 3 Licensed Practical Nurses.

Heartland, in partnership with the Ministry of Health, supported 3 RNS (2 staff from Rosetown and 1 from Kindersley) to take the perioperative nursing program through SIAST.

Team Development

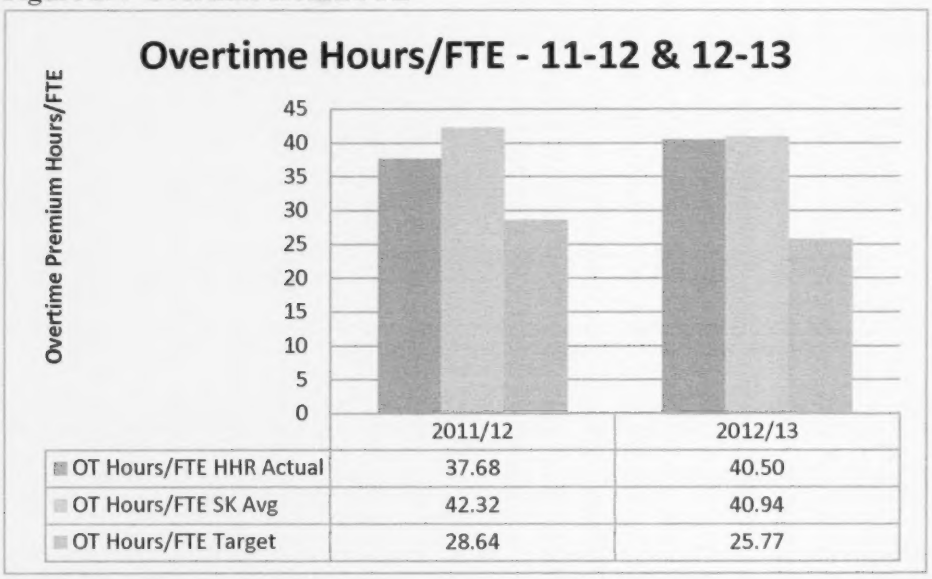
Team Development Facilitators provide a variety of skill development sessions to staff upon request. They work with managers to develop the material suited to their needs. Topics are related to conflict management, respectful communication, etc. Heartland Health Region also participates in the provincial LEADS leadership program and offers Crucial Conversations training to staff.

Attendance Management

Overtime

Heartland did not meet our Ministry of Health target for overtime reductions for 2012-13. Our overtime target was 25.77 hours/FTE and actual overtime experience was 40.5 hours/FTE. This is an increase in overtime hours/FTE from 2011-12 when hours/FTE were 37.68. Heartland's overtime hours have consistently been below the Saskatchewan average; however our overtime is growing and our margin below the Saskatchewan average is diminishing.

Figure 29: Overtime Hours/FTE



Overtime hours for 2012-13 by union affiliation and including out of scope and total overtime hours are identified in the table below:

Figure 30: Overtime Hours by Affiliation

2012-2013 Overtime Hours Target = 25.77			
Affiliation	**OT Hours**	**Hours/FTE**	**% of Regional**
SUN	10,260.17	54.64	22.9%
SEIU	29,097.59	37.94	64.9%
HSAS	5,387.61	65.74	12.0%
OOS	55.36	0.80	0.1%
Totals	**44,800.73**	**40.50**	100.0%
SK Avg.		40.94	

2012-13 overtime costs are identified in the following table; along with the percentage of overall HHR overtime hours and costs for each department or service:

Figure 31: HHR Overtime Houses and Costs

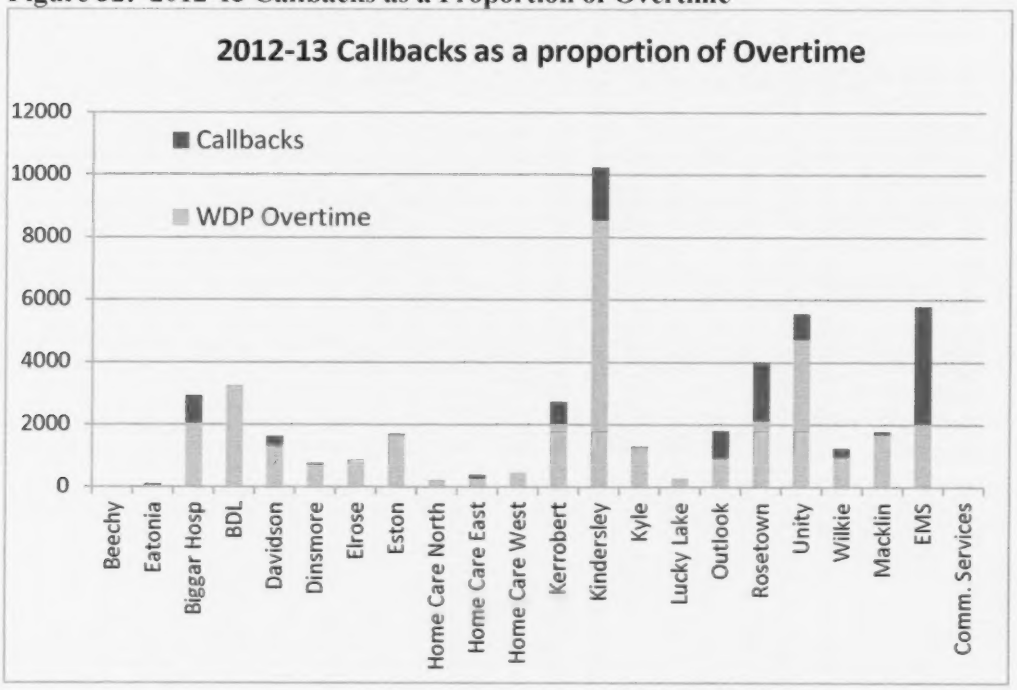
Department/ Service	Overtime Hours/FTE Target = 25.77	Annual Overtime Hours	Annual Overtime Costs (Premium $s, not Base)
RN	54.58	10,260.17 (22.9%)	$436,075.20 (36.3%)
CCA	44.91	13,617.66 (30.4%)	$271,872.67 (22.6%)
Lab/X-Ray	159.33	6,995.3 (15.6%)	$184,732.33 (15.4%)
LPN	53.39	4,185.9 (9.3%)	$124,158.80 (10.3%)
EMS	168.14	5,777.48 (12.9%)	$107,079.58 (8.9%)
Dietary	21.45	2,135.94 (4.8%)	$39,412.86 (3.3%)
All other depts./services	n/a	1,827.72 (4.1%)	$37,315.27 (3.1%)
Regional Totals	**40.52**	**44,800.17**	**$1,200,646.71**

Heartland Health Region's principle with respect to overtime is that "Overtime shall be restricted to those situations that constitute urgent client care and/or operational necessity". Overtime work shall be the exception rather than the rule. Overtime shall be used after other alternatives have been fully explored, such as rescheduling of priorities, balancing workload peaks, offsetting excess hours with reduced hours later in the work week, and revising the work schedule so that additional work that is operationally necessary can be performed at regular rates of pay.

Overtime restrictions remain in place for overtime that is not related to employees being involved in direct client care activities or necessary clinical services. These restrictions apply to Activities, Clerical, Health Records, Housekeeping, Laundry, Maintenance and Community-Based services. Overtime in these departments is collectively responsible for 4.1% of all overtime hours. The region will continue to monitor overtime and aggressively look for ways to reign in their costs.

Heartland has also been monitoring callbacks that contribute to overtime and are largely driven by client service demands such as surgical, lab/x-ray or ambulance services outside of normal hours of operation. Callbacks are driven by urgent client care needs or operational necessity and are difficult to predict and control. Callbacks are responsible for 25.5% of the Region's overtime hours. Callback and overtime hours by work-site or service are identified in the graph below.

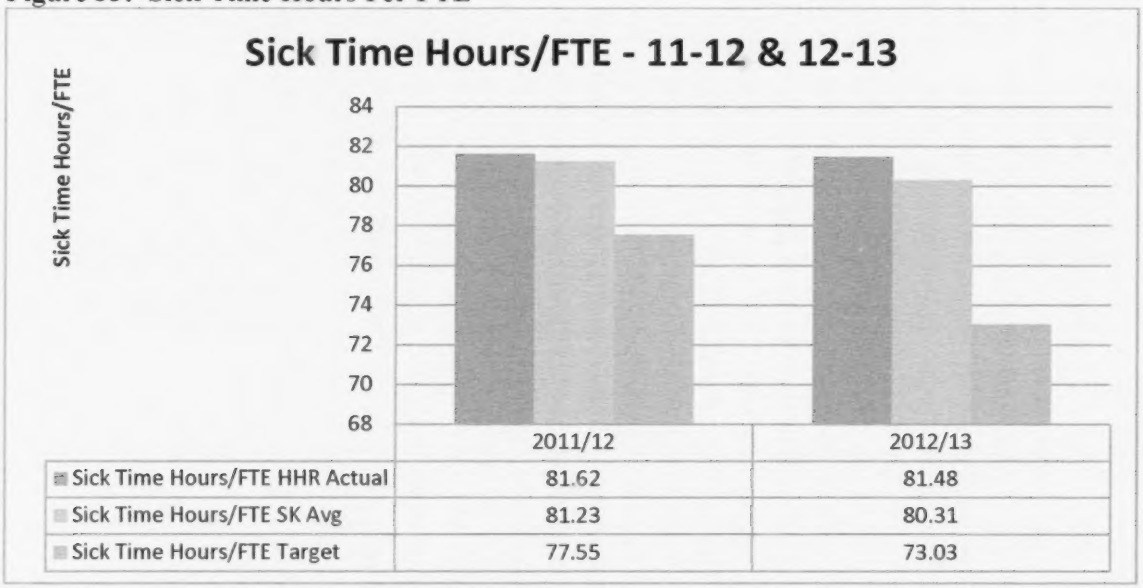
Figure 32: 2012-13 Callbacks as a Proportion of Overtime



Sick Time

Heartland did not meet our Ministry of Health target for sick time reductions for 2012-13. Our sick time target was 73.03 hours/FTE and actual was 81.48 hours/FTE. The good news is this is a decrease in sick time hours/FTE from 2011-12 when hours/FTE were 81.62. We continue to move in the right direction.

Figure 33: Sick Time Hours Per FTE



Sick time hours and costs for 2012-13 by union affiliation and including OOS and total sick time hours are identified in the table below:

Figure 34: 2012-13 Sick Time Hours and Costs

2012-2013 Sick Time Hours Target=73.03				
Affiliation	**Sick Leave Costs**	**Sick Leave Hours**	**Hrs/FTE**	**% of Regional Hours**
SUN	$ 648,543.08	15,782.76	77.13	15.1%
SEIU	$1,563,000.23	80,499.69	88.49	77.0%
HSAS	$ 188,819.50	5,318.35	60.42	5.1%
OOS	$ 125,493.65	2,921.39	40.82	2.8%
TOTALS	**$2,525,856.46**	**104,522.19**	**81.48**	**100%**
SK Avg.			80.31	

The Heartland Health Region strives to promote a healthy, safe and productive work environment. All employees are valuable and necessary components of the team of health care providers and have a responsibility to maintain their own health and well-being and to ensure their regular attendance at work.

The region places a high value on attendance and punctuality. The region has an Attendance Support Plan that has largely been responsible for reductions in sick leave and is a proactive system that maximizes employee's abilities to attend work. It supports a positive commitment on the part of the employee to attend work regularly and a commitment on the part of the Employer to assist employees in doing so. The plan involves early return to work when an employee experiences an illness or injury and an Employer commitment to modified duties that respect the employee's abilities and medical restrictions as we believe an experienced and trained health care provider is valuable even though they may be working in a modified capacity.

The Employee Wellness Committee (EWC) is also instrumental in addressing and improving employee health. The EWC conducted an Employee Health Interest survey in April-May 2012 to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health promotion. The survey is how the EWC determines what initiatives/programs will be run through-out the year.

The EWC is also the driving force to ensure that staff is aware of and able to access Heartland Health Region's Employee and Family Assistance Program (EFAP). In collaboration with the (EFAP) provider, Homewood Human Solutions, the EWC is reaching out to each work-site to identify what specific needs are arising. When an area is identified that is in need of further education, Homewood Human Solutions and the EWC will work together to provide education sessions to employees that meet their needs. The partnership that is fostered between the EWC and Homewood Human Solutions will help to promote healthy living for all employees.

Representative Workforce

The Region has an established Aboriginal Employment Development Program. The purpose is to promote healthcare careers to aboriginal population and then to manage a workplace that originates from a variety of ethnic cultures. The Heartland Regional Health Authority signed an Aboriginal Representative Workforce Agreement in 2005. A Representative Workforce is where Aboriginal people are employed in all classifications at all levels in proportion to their representation in the working age population. Aboriginal Awareness Training is provided to all staff and as of March 31, 2013 1933 employees have gone through the training since it began in the region. This training was incorporated into the Regional New Hire Orientation program in 2010 and is provided via Telehealth at the new staff orientation. Staff has been surveyed to self-identify aboriginal ancestry and self-identification surveys are provided to all new employees at regional orientation.

Figure 35: Aboriginals Living in Heartland Health Region

Aboriginals living in HHR	
# of working age Aboriginals living in HHR (15-75)	660
Total population living in HHR	40960
% of working age Aboriginals living in HHR	**1.6%**

Statistics (Source: Statistics Canada 2006)

To adhere to our definition of a representative workforce, our target for aboriginal representation should be 1.6%. This portion of our total employees at the beginning of the fiscal year was 31. The number of Aboriginals has increased this fiscal year by 4 staff. We have reached our target for the 2012-13 fiscal year.

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for the people of our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program.

Most of the Physician practices in the region continue to remain private and regional recruitment strategies are largely locally based. However, the region has dedicated resources to support community initiatives, welcome and settle new recruits, and assist applicants through the administrative requirements for immigration and licensure. The region is working with the Physician Recruitment Agency of Saskatchewan (PRAS) and community recruitment groups to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices. The region is working with communities and physicians to develop contingency plans for recruitment and retention.

A working group has been created in Kindersley to address physician recruitment and retention. This group's primary focus is to develop working relationships with local stakeholders and develop physician contingency plans for recruitment.

PRAS has continued to identify priority practices to which it will provide support for recruitment of new physicians. Family practices that are located outside of Regina and Saskatoon will receive high priority. In Heartland, this currently includes Kindersley and Outlook. The region is also working with PRAS in support of initiatives to recruit Canadian trained physicians, but is still largely dependent on international recruiting initiatives at this time.

Saskatchewan International Physician Practice Assessment (SIPPA)

The College of Physicians and Surgeons of Saskatchewan (CPSS) requires that International Medical Graduates (IMGs) seeking to practice as family physicians in Saskatchewan complete a licensure pre-screen checklist prior to making an application for an Eligibility Review. Licensure decisions are the responsibility of the CPSS. Most IMGs will have to successfully complete the Saskatchewan International Physician Practice Assessment (SIPPA) program before being granted a provisional license.

SIPPA is a program designed to assess some of the physicians who come to us from other countries - International Medical Graduates (IMGs). When an IMG is approved for licensure and all immigration requirements are met he/she can then travel to Saskatchewan for assessment to practice here. The SIPPA consists of an orientation to the Canadian Medical System, a centralized classroom-based assessment, and an in-practice assessment with an experienced Canadian physician. The centralized assessment is made up of an Objective Structured Clinical Exam (OSCE), Therapeutics examination, Multiple Choice examination as well as an interview. Each health region is initially allocated two seats in the SIPPA program, but can apply for additional seats on a first come, first served basis if there are vacancies remaining after the initial allocations.

All International Medical Graduates seeking to practice family medicine in Saskatchewan must complete a form of assessment before they can be eligible for licensure in Saskatchewan. There are two assessment options:

1. The Recognition of foreign family medicine credentials by the College of Family Physicians of Canada (CFPC) option is currently available to family practice candidates who completed their medical education in Australia, Ireland, the United States or United Kingdom.
2. All other foreign trained physicians are required to complete the SIPPA program.

After a candidate has completed all of the requirements of one of these two modes of assessment they must apply for licensure to the provincial licensing body - the College of Physicians & Surgeons of Saskatchewan (CPSS). The College requires that International Medical Graduates seeking to practice as family physicians in Saskatchewan complete a licensure pre-screen checklist before making an application for an Eligibility Review.

New Physicians to the Region

Dr. Alison McKee is located in the Biggar Medical Clinic. She and her family arrived in Biggar in June of 2012. She came from Manchester, United Kingdom where she practiced medicine for 13 years. She has a special interest in treating women and children and is also a qualified Pediatrician. During her medical career she has received training in many different specialties such as general medicine, surgery, pediatrics, sexual and reproductive health. She offers a full range of birth control options including IUD fittings and implants as well as a full range of menopause treatments.

Dr. Olawale (Franklin) Igbekoyi came to Rosetown in January 2013. He is based in the Rosetown and District Primary Care Centre temporarily located in the Rosetown Health Centre while the new Primary Care Centre is presently under construction. Dr. Franklin moved to Rosetown from Toronto. His family will be relocating later this year. He is originally from Nigeria but has been in Canada since 2009. He began the Saskatchewan International Physician Practice

Assessment (SIPPA) in September and finished it in December. Dr. Franklin has specialized in family medicine with a special interest in primary care, primary prevention of disease, early diagnosis and treatment.

Dr. Idalberto (Jimenez) Guerra and his family came to Kindersley in April 2012. He graduated from medical school in Cuba in 1990 and later specialized in Anesthesiology in 1995. He has over 18 years of experience in Anesthesiology. Dr. Jimenez worked in South Africa for 15 years before coming to Canada in January 2012 to take the SIPPA program. He has a special interest in Anesthetics, Emergency Medicine, Obstetrics and Primary Care. His passion in sports is squash and he enjoys playing ball, soccer, volleyball and many other recreational sports.

Dr. Lynda Keaveney began practicing at the Kindersley Clinic in November, 2012. Dr. Keaveney and her family came to Saskatchewan from Ireland where she worked as a full time General Practitioner (GP) partner in Clifden, Co. Galway, Ireland. She was involved in Medical education; employed by both the Health Service Executive as Assistant Programme Director for the Western GP Training Scheme and the National University of Ireland, Galway as a tutor to medical students. She was a leader for the localized CME group, employed by the Irish College of General Practitioners. She enjoys all aspects of family medicine, with particular interest in women's health and pediatrics.

Better Value

2012-13 Financial Summary

Heartland Health Region ended the 2012-13 fiscal year with a $306,000 operating surplus after capital commitments including mortgage payments, energy performance contract loan payment and capital equipment. The surplus is significantly down from the previous year surplus of $1.15 million. The Region's Operating Working Capital increased to .99 days from .9 in 2011-12.

Revenues

The total operating revenue for the region was $95.8 million. Overall, 87.2% of the operating fund revenue was provided by funding from the Ministry of Health, including an approved $2.942 million capital funding transfer. The capital funding transfer was required due to one-time operating budget reduction by the Ministry due to fiscal pressures. (See Note 15 in the financial statements). The region's revenues were $1.02 million over budget or within 1.1%. A large part of this was from funding allocated for collective bargaining agreements. The region saw an increase in empty beds overall (avg. of 11.5 per month). This is compared to a 4.5 average in 2011-2012. Emergency Medical Services revenues were down slightly yet trips were up 58 from 2011-2012. Out of province/reciprocal revenues were significantly up over last year due to an increase in rates and visits. Ministry support for areas including Autism Spectrum Disorder, Oral Health Strategy, Primary Care redesign, Alternate Payment Physician (Rosetown) and Locum Physician Funding.

Expenditures

Expenses were up 2.3% over 2011-2012 and over budget by .73% partially due to the unbudgeted contract settlements for SUN and OOS, new initiatives and sick/over time overages. About 43% of the operating budget was spent on inpatient and resident services (Acute and Long Term Care), 26% on support services (Housekeeping, maintenance, dietary, etc.), 9% on Diagnostic and Therapeutic services, 1.4% on physician compensation and 20% on Community Services.

Efficiency Targets:

The region was given by the Ministry an Efficiency Target/budget reduction of $1.21M in the areas of:

- Attendance Support
- Shared Services
- General Efficiencies

For general efficiencies the Region worked through travel restrictions, administrative vacancy management, and utility efficiencies. The region had general procurement savings through a provincial contract with HealthPRO, in the areas of medical/surgical, drugs, office supplies and wound care. In addition, the region had continued savings in insurance and Sasktel Mobility savings

Other significant variances from Schedule 1, Schedule of Expense by Object Code:

- Medical & Surgical Supplies – facility inventory levels and overall usage up; new contracts with 3S; focus for 2013-14 to review.

- Rent/Lease/Purchase – Surgical /Medical instruments purchases through targeted surgery funding
- Repairs & Maintenance—Major repairs and renovations to Biggar Hospital, Kindersley and Rosetown; Significant EMS repair & Fuel
- Travel- Recruitment and retention of physicians, and unbudgeted Lean Certification training

The region provided funding to its affiliate, St. Joseph's in Macklin and to health care organizations, Bridgepoint Centre for Eating Disorders Inc. and Canadian Mental Health Association. Note 10b.

Debt

The region currently has eight mortgages totaling $ 4.48M that are guaranteed by the assets of the organization. In addition, the region entered into a loan for an Energy Performance Contract. For more information see the Financial Statements Note 5 & 6.

Accounting Standard Transition

Heartland has adopted the standards for the government not-for-profit organizations. This presented some statement and reporting changes for the Regional Health Authority (Financial Statements Note 18). The main change was Employee Future benefits and the setup of accumulated sick leave benefit liability (note 10-b).

Capital Update

Construction has started on the new Long Term Care facility in Rosetown. Quorex Construction has been onsite since February 2012. Progress to the end of March 2013 has the building closed in, with framing, wiring, plumbing and drywall starting in most areas. Construction estimates at this time have the project completed by late winter/early spring of 2014.

The Kerrobert project was tendered in January/February of 2012. Construction started in the spring of 2012. Progress at the end of March 2013 had the building closed in. With plumbing, electrical and structural work on going as areas become available. Construction estimates have the building being completed in late winter/early spring of 2014.

August 29th was a celebration for the residents of Biggar and area as they celebrated a major step forward on their health care construction project. The sod turning ceremony took place at the new Biggar long term care facility construction site. Several were on hand to celebrate the launch and the official start of the project. Construction of the $22.8 million Biggar facility started in October 2012. The new facility will replace the Biggar Diamond Lodge nursing home which was built in 1966. The 54-bed facility will be connected to the Biggar Hospital. Progress at the end of March 2013 saw all the piles completed, with most of the grade beams complete. Some structural steel has started to be erected. Plumbers and electricians are working in the existing building doing needed site upgrades. Construction estimates have the building being completed in late winter 2013/early spring of 2014.

Figure 36: Biggar Sod Turning with Stakeholders

Eneraction

Heartland engaged in an energy performance contract that allowed us to implement facility improvements, reduce energy costs, and improve health and comfort conditions. Over the last two years, facility improvements to equipment and buildings worth $1,538,746 are expected to provide utility cost savings that will pay for the cost and financing of the investment

Shared Services

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased

accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.

- Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capital Projects
- Workflow Optimization

Future Outlook/Emerging Issues

Physician Resources

Throughout the past year Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program. Physician practices continue to remain private and regional recruitment strategies are largely locally based. However, the region has dedicated resources to support community initiatives, to welcome and settle new recruits, and to assist applicants through the administrative requirements for immigration and licensure. The region continues to work with various internal and external stakeholders to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

Primary Health

In the past year, allied professionals have begun to provide services in several different ways with the goal of increasing client access and of encouraging clients to take a more active role in their own health. We have been piloting support programs for heart health, for diabetes and for chronic obstructive pulmonary disease. As people with these diseases become better at managing their own symptoms they are less likely to present at emergency departments with acute episodes. Increased health promotion and healthy living on the part of the client produces better health outcomes, while also lessening the financial burden on our health care system.

It is an exciting time to be part of expanding primary health care throughout the province to improve the system we have and to make it sustainable in years to come.

Human Resources

The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region. Staff turnover is very low in most classifications; unfortunately, due to challenges in recruiting new staff to rural areas, even a small amount of turnover can be problematic.

The most pressing workforce supply issue the Heartland Region has and will continue to face into the future is our ageing workforce. The Heartland Region is currently experiencing a physician and nursing shortage. Within the next 2 – 5 years it is expected that the Region shall be facing a critical shortage of registered nurses, lab/x-ray staff, licensed practical nurses, physicians, physical therapists, and emergency medical technician classifications as well. The region will continue efforts to aggressively recruit into these positions.

Table 1 below identifies retirement projections for the next ten (10) years by identified job family.

Table 4: Heartland Health Region Retirement Projections

	<1 year		1-2.99 years		3-4.99 years		5-9.99 years		Total		Total Employed	
	FTE	Positions	FTE	Positions	FTE	Positions	FTE	Positions	FTE	Positions	FTE	Positions
OOS Mgmt.	10.61	12	5.02	5	5.89	6	12.4	13	33.93	36	69.27	91
SUN Nursing	35.49	56	8.7	15	10.76	18	23.6	36	78.55	125	182.27	328
LPNs	14.37	21	5.41	7	6.58	8	14.84	20	41.2	56	75.13	134
CCAs	31.67	49	27.75	37	25.15	36	55.66	87	140.22	209	290.7	573
EMS	1.62	6	.84	2	1.41	3	3.01	9	6.87	20	35.55	146
Diagnostics	10.2	17	4.51	7	1.88	3	3.52	8	20.1	35	41.8	80
Therapies	0	0	.87	0	0	0	0	0	.87	1	7.29	9
Pharmacy	0	0	0	0	0	0	1	1	1	1	3.28	5
Social Work	2	2	0	0	1.02	2	0	0	3.02	4	19.48	271.55
Dietary	11.58	26	12.65	32	10.83	25	18.53	70	53.59	153	99.1	380

A Culture of Safety

Safety for all continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises (ROPS) for infection control, Accreditation Canada standards such as medication reconciliation and Surgical Safety Checklist, as well as a Provincial Senior Falls and Injury Prevention Reduction Program all contribute to safer patient care for everyone.

Key to Heartland's progress is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with 'accidents", and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Quality

Heartland Health Region continues its focus on the development and implementation of the "Saskatchewan Health Care Management System". In terms of the Quality Service Portfolio this shift has significant implications, some of which are easy to identify while others are not so clear and quite speculative.

One of the obvious implications of the Saskatchewan Health Care Management System is the emphasis on tracking and measuring outcomes and performance. The level of discipline and follow-through at the heart of the new system means process and outcome measures are critical. These measures need to be well identified, clearly defined, and easy to measure, track and roll-up if this new system is to provide any value and direction for frontline staff and leaders. Based on the knowledge base and skill set, the Quality Service Portfolio will play a key role in the delivery of this system.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total $50,000 or more.

ABBOTT	CINDY	51,047.41
ABBOTT	JEANETTE	83,111.14
ALEXANDER	KRISTA	70,372.62
AMES	EVELYN	90,177.43
AMY	VANESSA	67,628.24
ANDERSON	BRENDA	94,289.07
ANDERSON	COLETTE	52,538.75
ANDERSON	LAURIE	76,348.47
ANDERSON	WENDY	80,341.16
ANDREWS	WENDY	57,483.73
ANHOLT	VICTORIA	71,849.33
ANHORN	PATRICIA	80,378.24
ANTONI	MONA	51,985.21
ARSENAULT	LEAH	72,790.27
ARSENAULT	RANDY	105,460.83
ASKILDT	JAYNE	65,196.00
BACHMAN	JANET	66,812.16
BACHMAN	TAMMY	79,382.64
BAHM	ROXANNE	68,632.51
BAHM	STACY	81,917.61
BAILEY	MILDRED	54,683.13
BARKER	DOUGLAS	70,812.34
BARTLETT	RHONDA	68,131.43
BASLER	CAROLYNE	68,350.73
BATALLONES	BONIFACIO	106,896.58
BAXTER	KIM	50,670.68
BEATON	VIVIAN	73,802.76
BEAUBIEN	YVONNE	55,453.67
BECKER	ANIKA	58,820.50
BECKER	CHRISTOPH	84,160.47
BECKER	KIMBERLEY	94,447.14
BECKER	LINDA	114,386.22
BEESON	DOUGLAS	77,727.47
BELCHER	CALLISTA	53,420.56
BENCHARSKI	PATRICIA	98,238.91
BERTOIA	STEPHANIE	71,760.42
BILAO	SARAH	51,773.19
BLACK	ASHLEY	78,162.49
BLACKWELL	TAMMY	94,298.19
BLANCHETTE	DEBRA	110,089.34
BLODER	JANET	53,064.37
BLOSKY	ERIC	86,854.36
BLOSKY	NICHOLE	65,692.17
BOKITCH	ALLISON	93,670.90
BORINES	CHARISSE	72,725.82
BORINES	RONALD	82,666.47
BORNE	RODNEY	86,237.74
BOSCH	DONNA	55,763.21
BOSCH	STACEY	187,093.03
BOTHNER	CHARLOTTE	83,950.97
BOUCHER	COLLEEN	85,559.74
BOUTKAN	JOANNE	51,573.73
BOWMAN	DEBRA	62,205.59
BOYLE	ALAN	85,388.50
BRADFORD	SARAH	97,695.43
BRAUN	GLENDA	52,683.26
BRENNER	RICHARD	94,664.25
BRENNER	SHARI	59,929.98
BREWER	DIANE	58,974.68
BRIGGS	DOREEN	54,319.92
BRIGHAM	WENDY	111,996.14
BRODY	CARRIE	64,889.57

BROOKS	JENILEE	57,467.08
BROST	THERESA	50,632.25
BROWETT	ROCHELLE	56,739.50
BROWN	BARBARA	85,069.94
BROWN	CORINNE	95,590.49
BROWN	SANDRA	71,970.00
BROWN	WANDA	95,431.60
BUDD	JANELLE	92,108.26
BUECKERT	AUDREY	118,998.99
BURBANO	PAUL	59,502.46
BUSCHYNSKYI	RICK	63,600.59
BUTT	SHARON	70,341.57
CALLSEN	DEANNA	57,252.81
CAMPBELL	DEANNE	71,972.40
CAMPBELL	TRINA	90,051.29
CARNEGIE	LORENA	53,049.92
CARPENTIER	ROCHELLE	61,173.45
CATAMBING	MELCHOR	146,190.66
CHARPENTIER	BARBARA	84,096.89
CHEGUS	DANIEL	62,190.57
CHENEY	ALICIA	116,849.71
CHESTER	JENNIFER	64,409.91
CHEYNE	JAMES	95,199.85
CHOLIN	SHANNON	82,375.91
CLARK WATSON	GLENDA	87,349.01
COLLINS	DIANE	66,129.42
COOL	GLORIA	108,133.07
CORDES	SANDRA	59,903.33
COWELL	BARBARA	100,768.77
COWELL	JAMIE	66,003.31
CRANEY	LISA	80,931.43
CRICKETT	VALERIE	98,656.41
CUMMINGS	GREGORY	266,995.79
CUPPLES	STEVEN	82,263.43
CUTLER	SHELLEY	65,430.48
DAVID	LAURA	82,732.00
DAVIDSON	JULIE	53,693.94
DAVIDSON	LEE ANN	131,378.78
DEGENSTIEN	ROBERT	77,943.12
DEIBERT	KERRY	115,222.59
DELAINEY	CAMILLE	96,700.53
DEMOISSAC	LORRAINE	62,998.85
DESROSIERS	CHERYL	55,760.16
DESROSIERS	WANDA	106,088.37
DIEHL	ERIN	71,555.92
DILLO	MARIA CHE	53,013.46
DOBSON	JANELLE	51,158.84
DOLEGA-CIESZKOWS	JADWIGA	75,015.08
DRURY	JANICE	67,575.25
DUBRAY	DONNA	50,057.10
DUNN	BONNIE	89,357.23
DUPUIS	JO-ANN	91,165.40
DURETTE	BONNIE	50,550.43
DYCK	KAREN	59,712.79
DYCK	MARYANN	63,501.78
EAST	AUDRA	78,966.84
EDBOM	ROBERT	118,334.76
EDMONDS	ANNEMARIE	95,075.25
ELLIS	KILEY	56,395.21
ENGLER	STEPHAN	58,709.24
ESCORPISO	EMELDA	102,707.43
ETSELL MCLEOD	ELAINE	90,065.28
EYOLFSON	JILL E	61,725.12
EYRE	GWEN	72,991.00
FAGNOU	JULIA	51,497.30
FARDEN	MELISSA	71,477.89
FINLEY	KRISTA	74,314.07
FISHER	MARY PAT	93,811.45
FLAMAN	SHANDELL	64,773.87
FLYNN	RENEE	73,840.84
FORSYTH	SHARON	105,139.20
FORTIN	CHERYL	70,892.11
FOSTEY	AMBER	73,012.01
FRANKLIN	DR O	71,395.74
FRANKO	JANELLE	76,327.71
FRERICHS	JENNIFER	92,917.45
FRIESEN	PERRY	54,939.22
FRIESEN	REIZAH	89,435.32
FROYSTAD	LISA	59,766.02
FUNK	MARGARET	51,020.16
GAFF	JO ANN	63,546.76
GARRETT	CHRISTA	59,172.12

GARTNER	DIANE	78,625.56
GARTNER	ELSIE	64,344.43
GEDAK	STACEY	82,326.97
GEORGE	DOREEN	92,399.76
GEREIN	JACQUELIN	82,161.16
GEREIN	NICOLE	84,165.78
GERSTNER	LISA	66,075.53
GETTE	CHANTELLE	59,976.87
GLASSFORD	CARRIE	116,221.85
GOMEZ	JESNA	50,214.14
GORDON	ARLENE	55,836.87
GOTTFRIED	ADELINE	60,081.93
GRYBA	ASHLEY	85,631.06
GURNEY	KRISTA	54,725.41
GUTTING	ANDRIA	69,822.50
HABERMEHL	PATRICIA	79,914.47
HADUIK	CONNIE	95,942.35
HALDE	SERGE	65,088.52
HALONEN	MELANIE	62,000.25
HARDENNE	LINDA	54,532.65
HARDING	HALEY	71,463.07
HARTEMINK	DEBBIE	67,026.66
HARTSOOK	CORALIE	79,445.25
HARTSOOK	REID	64,076.68
HAUBRICH	KATRINA	100,083.60
HAUBRICH	SHARON	85,495.22
HAUGEN	KIRSTI	56,938.04
HAWKINS	ERIN	80,377.41
HAYES	BRENT	109,736.93
HAZEL	GLENDA	56,058.84
HEALEY	COLLEEN	82,071.40
HEALEY	SHERRI	93,552.37
HEIDT	TRACY	82,161.42
HEILMAN	AUDRY	50,898.30
HELMAN	MARIE	70,815.75
HERMANSON	RUTH	64,444.53
HESS	ERIN	104,733.11
HIEBERT	ELIZABETH	67,409.82
HILL	CAROL	117,218.08
HILL-OUSDAHL	CHARLOTTE	92,167.26
HINTHER	CATHY	102,466.78

HODGINS	JANELLE	74,575.35
HODGINS	SANDRA	80,189.12
HOEHN	CAROL	68,609.61
HOFER	FAYE	107,830.82
HOFFMAN	LORNA	50,584.79
HOGAN	KAREEN	65,115.56
HOLTON	IAN	96,195.59
HOLZMAN	SHIRLEY	52,090.95
HORN	VIRGINIA	95,698.98
HUBER	CAROL	58,677.73
HUCKER	GEORGE	88,886.08
IRELAND	SCHARLENE	94,453.32
JACOBSEN	LUCILLE	51,590.13
JAMES	CARLA	57,994.59
JAMES	KYLA	92,527.03
JANZEN	DOREEN	101,040.53
JOHNSON	KATHRYN	77,811.30
JOHNSTON	KIM	93,238.41
JONES	KATHLEEN	94,077.96
KACHUR	JODIE	98,824.62
KALAGNANAM	PALLAVI	61,674.34
KAPELL	KEVIN	76,105.94
KEITH	STEPHANIE	77,122.30
KEMBEL	KELLEY	110,209.73
KERNOHAN	BEVERLY	93,767.30
KIRKNESS	BRIAN	62,445.63
KISSICK	KAREN	87,667.33
KLEIN	BRIANNE	63,215.94
KNORR	GLORIA	76,034.81
KNORR	NANCY	95,806.41
KOKESCH	MEGAN	93,267.00
KOLESNIK	MONICA	108,643.33
KON	LEONA	64,657.71
KOOP	CAROLYN J	90,084.12
KREKOSKI	GAIL	84,522.86
KRENTZ	JEANNE	68,395.81
KRIPS	JUDY	51,293.96
KRONBERG	DIANE	81,137.70
KUNTZ	SYLVIA	89,188.88
KURULAK-MILNE	DEBORAH	104,011.40
KWASNEY	JENNIFER	58,362.63

LANGAGER	JUDY	80,463.86
LANGE	PATRICIA	97,626.38
LARSON	CAROL	63,011.25
LEGROW	WENDY	94,239.97
LEITH	MARLENE	50,121.72
LENZ	TRACY	66,656.12
LEWIS	KATHY	95,228.86
LI	ESTHER	68,606.56
LILBURN	CHRISTINE	138,592.87
LOITZ	TERRIE	69,991.13
LONGTIN	CATHY	88,671.12
LOWENBERGER	MELISSA	74,226.76
MABBETT	LANA	76,631.23
MACKERACHER	DEBBIE	65,676.96
MACRAE	JOAN	95,274.40
MAGNUS	MARILYN	62,586.65
MAHARAJ	SUBHAS	92,320.21
MALCOLM	ANGELA	51,514.59
MARTENS	KRISTA	62,407.72
MARTIN	BRENDA	56,114.51
MARTIN	MONANNE	62,833.78
MARTIN	SHERRY	56,193.12
MASSEY	PATSY	62,949.53
MASSIE	LESLEY	90,853.61
MATERIALE	LUCIA	53,113.62
MATHERS	ALISON	52,454.13
MATHEW	JIMMY	73,277.42
MATHEWSON	LINDA	54,963.91
MATLOCK	CAROLYN	53,204.72
MATZNER	KATHERINE	54,269.81
MAY	CARLA	105,507.34
MCADAM	CALI	56,256.59
MCBRIDE	JANELLE	85,511.08
MCCONNELL	SYLVIA	65,337.50
MCCORMICK	ANN	75,343.65
MCDONALD	BRENDA	95,863.25
MCGONIGLE	SEAN	54,488.25
MCINTOSH	MARY	68,284.98
MCLACHLAN	JANICE	58,691.73
MCLEOD	ROSEMARY	57,324.71
MEIER	KARI	66,005.59

MEIER	KATRINA	86,819.15
MERKEL	GORDON	92,921.03
MESCALL	AUDREY	61,345.87
MEYER	NORMA	85,378.03
MILLER	E RUTH	122,316.41
MILLER	KATHY	68,130.02
MILLER	LAUREN	83,869.51
MILLER	NICOLE	75,988.36
MILLER	SANDRA	59,208.29
MILTON	DEBBIE	99,302.53
MINCHIN	NATALIE	71,369.46
MINTO	KIERRA	52,691.02
MITCHELL	BRENDA	68,438.97
MOEBIS	DONNA	59,930.02
MOFOLASAYO	OLAWUNMI	67,692.39
MOORE	BRENDA	61,820.59
MOORE	SUSAN	110,544.95
MORESIDE	DIANNE	103,754.53
MORRILL	MICHAEL	117,976.60
MORRIS	HEATHER	92,344.16
MOSKALYK	STACY	67,188.67
MOURRE	LILLIAN	53,441.17
MUNRO	JEANNIE	156,715.37
NASH	JOCELYN	66,072.89
NELSON	SHELLY	95,744.58
NEUMEIER	BRENDA	56,087.16
NICKEL	MELVIN	86,433.21
NISBET	CARA	101,650.08
NODWELL	CARLA	86,107.25
OJA	GERMAINE	50,894.08
OLFERT	PAMELA	50,887.64
OLSON	BREA	77,667.96
OLSON	PATRICIA	74,752.92
OLSON	SHERRYL	60,789.04
OROSZ	SHARLA	62,993.91
ORTMAN	ANDREW	78,351.26
ORTMAN	CHRISTINE	54,346.20
PAJUNEN	SHEILA	171,974.36
PANGMAN	AMANDA	98,228.40
PAPROSKI	LEANNE	81,822.30
PARK	ALLISON	61,750.37

PARK	GLORIA	104,369.20
PARK	SUSAN	52,847.66
PARKINSON	SHIRLEY	100,479.17
PENNINGTON	MELANIE	63,644.66
PIERREPONT	WAYNE	121,128.65
POITRAS	CHARMAINE	84,996.79
POOL	ASHLEY	55,616.15
PREISS	JENNIFER	76,917.39
PRESCOTT	LANA	89,377.77
PRINCE	JOHN	78,489.57
PURCELL	LINDA	80,851.84
RANKIN	ANNE	65,945.18
RAYMOND	LORRAINE	72,631.37
READ	RUTH	82,716.08
REDDEN	DEBBIE	81,904.65
REINIGER	AMY	67,533.30
REMESHYLO	KRISTA	123,817.43
RENWICK	DEBBI	51,561.79
RIENDEAU	GAYLE	194,022.43
RINGROSE	CATHY	122,723.65
RITCHIE	DAWN	74,526.15
RITTER	MONICA	62,584.24
RITTINGER	MARLENE	67,908.74
RITZ	SUSAN	103,807.95
ROBSON	SHELLY	127,795.16
RODENHURST	DAWN	91,156.70
RODGERS	MARILYN	102,751.34
ROSZELL	JOAN	80,269.17
RYAN	CAROL	87,769.57
RYSAVY	BEVERLEY	69,405.71
SAATHOFF	KARYN	51,109.05
SAN DIEGO	RENETTE	53,796.85
SANDERCOCK	SANDRA	82,371.06
SANVILLE	ANNEMARIE	51,994.52
SATTELMEIER	YVONNE	53,737.18
SAYERS	JENNIFER	67,476.75
SCHAFER	CLAREEN	74,595.65
SCHIMPF	JOANNE	73,633.82
SCHMALZ	DEANNE	77,100.75
SCHMALZBAUER	CANDACE	51,581.47
SCHMIEDGE	ADRIAN	105,849.98

SCHMIT	JAMES	54,495.55
SCHOLER	BRENDA	111,128.01
SCHURMAN	JANICE	56,205.68
SCHWAB	EVA	54,905.25
SCHWAB	MICHELLE	66,051.76
SCHWARTZ	BERNIE	150,839.12
SEIME	REBECCA	62,722.23
SENKO	VICTORIA	85,258.02
SERFAS	KAREN	110,445.92
SERFAS	MAUREEN	74,105.91
SHAVER	JOHN-MICH	62,128.52
SIBLEY	TANISLEI	73,144.53
SIMONSON	LORI	71,051.55
SIMONSON	LYNNE	59,273.00
SIMONSON	SUSAN	66,940.56
SINCLAIR	AGNES	82,045.41
SITTLER	DAWN	65,409.21
SMITH	DARLENE	91,963.96
SMITH	LEAH	56,987.08
SMITH	SANDY	70,100.45
SNIDER	HEATHER	100,681.65
SPERLE	AMBER	55,809.49
SPERLE	NOLA	75,436.83
SPIGOTT	SHARON	78,713.74
SPROULE	GWEN	67,338.51
STANJEK	DONNA	65,956.69
STANLEY	LEESA	124,135.96
STEVENS	DEBRA	68,966.96
STEWART	WILLIAM	74,148.36
STOPANSKI	VALERIE J	82,402.94
STOREY	CRYSTAL	75,247.60
STRATTON	CARLA	56,581.41
STRUTT	AMBER	51,587.55
SUCHAN	AMY	67,650.58
SUMIBCAY	JHONY	99,696.68
SUTHERLAND	DONNA	108,340.05
SWINSON	ANNABELLE	73,426.43
SWITZER	GLORIA	57,711.18
TAMBOLERO	BOOTS	96,523.04
TAYLOR	JOANNE	73,982.15
TERNES	DALE	105,995.87

THIESSEN	SHERI	68,422.73
THOMPSON	JOAN	52,306.72
THURSTAN	SHAWNA	58,088.05
TOLLEFSON	CHRISTINE	66,211.73
TRUMBLEY	BETTYANN	104,208.97
TUCKER	JAYLEEN	50,790.55
TURTON	AMBER	50,519.75
UDOH	GLORY	115,057.59
VALEN	BRENDA	50,399.70
VAN DYK	ANDREW	82,520.21
VAN SEGGELEN	DEBRAH	53,594.95
VANDERZWAAG	GLORIA	106,678.31
VANTHUYNE	MARLENE	89,044.61
VARGHESE	LEGI	79,050.72
VERONELLY	YVONNE	61,342.73
VIRTUDEZ	DIANA	50,093.20
VOLK	BEVERLEY	74,134.28
VOLK	DONALD	73,527.93
VOLK	TRACY	53,060.61
VORNBROCK	CURTIS	70,676.54
WAGNER	LESLIEANN	94,237.11
WAITE	DONNA	94,188.30
WAKE	ELLA	56,426.61
WALKER	EVELYN	80,849.84
WALL	HAROLD	57,898.29
WALLACE	JENNIFER	50,521.78
WARKENTIN	SHERI	80,272.16
WARREN	LYNNE	90,091.79
WARRINGTON	CHANTAL	67,241.51
WASKO LACEY	LINDA	98,317.93
WATT	TRACEY	60,270.72
WEBER	DAWN	88,913.64
WEBSTER	JAMES	83,553.54
WELLS	BONNIE	76,263.71
WELLS	SHIRLEY	59,257.27
WELLS	STACEY	96,344.22
WENDT	ADRIENNE	63,703.28
WENZEL	KRISTENE	76,489.39
WESTBURY	THERESA	70,612.84
WESTON	MARLENE	125,444.93
WHITNEY	JOAN	61,091.11
WIEBE	DIANNE	98,227.13
WIENS	CHRISTINE	104,362.42
WIENS	LAURIE	69,713.31
WILDEMAN	BERNIE	56,615.20
WILDEMAN	PAULA	77,012.06
WILLIAMS	KATTLYN	63,271.90
WILSON	DIANNE	76,996.42
WINNY	JOANNE	79,675.90
WINTERHALT	CAROLINE	66,181.48
WIPF	JODY	77,859.17
YOUNG	LAURIE	50,625.61
YUHASZ	JUANITA	70,627.14
ZAMULINSKI	AUDREY	50,461.81
ZERR	MARIE	65,507.56
ZLATNIK	KERRI	59,933.71
ZOLLER	SHARLENE	66,718.12

Payee Disclosure List: Transfers	
Listed, by program, are transfers to recipients who received $50,000 or more.	
BRIDGEPOINT	577,101
ST. JOSEPH'S HEALTH CENTRE	2,122,026

Payee Disclosure List: Supplier Payments	
Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.	
3sHEALTH	291,519
A1 POWER DOOR LTD	68,663
ARJOHUNTLEIGH CANADA INC.	99,938

ASSOC. RADIOLOGISTS OF S'TOON	252,751
BECKMAN COULTER CANADA INC.	116,339
BEECHY/DEMAINE EMERGENCY SERVICES	141,292
BOMIMED INC.	73,965
CARDINAL HEALTH CANADA INC.	211,496
CDW CANADA	74,489
CREDIT UNION CREDIT MASTERCARD	77,198
CRESTLINE COACH LTD.	183,636
DR. ANNA MARIE DUNHIN	50,099
DR. DAN JOHNSON	52,150
DR. PETER KAPUSTA MEDICAL PC INC	53,827
DR. NERINE KLEINHANS	54,702
DR. BARRY OBERLEITNER	67,184
DR. D. TORR MEDICAL P.C. INC.	173,680
DR. DAVE LEDDING, PROF. MED. CORP	138,000
DR. J.C. COOPER	360,055
EATONIA OASIS LIVING INC.	118,432
ECOLAB INSTITUTIONAL DIVISION	64,948
EHEALTH SASKATCHEWAN	67,073
ELLISDON CORPORATION	13,136,349
FLAWLESS FLOORING SERVICES	87,595
FRIESEN TOKAR ARCHITECTS	521,528
FUTUREMED HEALTH CARE PRODUCTS	94,003
GRAND & TOY	182,632
HAYWARD GLASS AND MORE	57,155
HEALTH METRIX CANADA INC.	52,054
HILLCOR PROPERTIES	55,405
HILL-ROM CANADA	65,853
HIROC INSURANCE SERVICES LIMITED	67,397
HOSPIRA HEALTHCARE CORPORATION	165,731
INSTRUMENTATION LABORATORY CNADA	118,802
JOHNSON & JOHNSON	417,225
KCI MEDICAL CANADA INC.	72,208
KEE SHEET METAL LTD.	82,493
KEIR SURGICAL	89,224
KIRKPATRICK, KIM	92,159
KPMG	91,658
LOOMIS EXPRESS	62,230
M.D. AMBULANCE & CARE LTD	122,148
MARSH CANADA LTD.	142,598
MCKESSON CANADA	143,962
MCKESSON DISTRIBUTION PARTNERS	75,296
MEDITEK	69,461
MINISTRY OF GOVERNMENT SERVICES	615,760
NORTH SASK LAUNDRY	474,032
PHYSIO CONTROL CANADA SALES LTD.	61,184
PLAINSMAN HVAC-R LTD.	129,010
PRAIRIE NORTH HEALTH REGION	104,393
PROVINCIAL PUBLIC SAFETY TELECOMMUNICATION NETWORK	53,152
QHR SOFTWARE INC.	58,942
QUOREX CONSTRUCTION	11,988,752

RCDP / CPDN	172,487
ROCHE DIAGNOSTICS	109,061
SAPUTO DAIRY PRODUCTS CANADA	120,335
SASK ENERGY INCORPORATED	975,485
SASK POWER CORPORATION	2,005,793
SASKATCHEWAN REG. NURSES ASSOC	140,008
SASK TELECOMMUNICATIONS	297,101
SCHAAN HEALTHCARE PRODUCTS	859,010
SERVICEMASTER RESTORE	125,134
SIMPLEX/GRINNELL	60,598
SOFTCHOICE CORPORATION	85,550
STERIS CANADA INC.	74,181
STEVENS COMPANY LTD.	80,070
STRYKER CANADA	87,641
SUCCESS OFFICE SYSTEMS	87,305
SYSCO FOOD SERVICES OF REGINA	1,149,604
THERAPLAY PEDIATRIC OCCUPATIONAL THERAPY	59,398
TOWN OF KINDERSLEY	65,042
TYCO HEALTH CARE GROUP ULC	67,811
VITAL AIRE	109,671
WALLACE, WILDA	55,883
WOOD WYANT INC	105,675

Payee Disclosure List: Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

3sHEALTH - DENTAL PLAN	728,923
3sHEALTH - DISABILITY INCOME PLAN	718,520
3sHEALTH - EXTENDED BENEFITS PLAN	1,647,002
CCRA-CANADA PENSION PLAN	2,392,104
CCRA-EMPLOYMENT INSURANCE	1,166,262
HEALTH SCIENCES ASSOC OF SASK	88,591
SASK HEALTHCARE EMPLOYEE'S PENSION PLAN	4,627,367
SASKATCHEWAN UNION OF NURSES	281,079
SASK WORKERS' COMPENSATION BOARD	1,093,433
SEIU	579,943

Management Report

Heartland Health Region

June 24, 2013

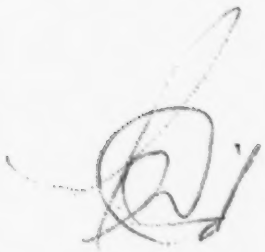
The accompanying financial statements are the responsibility of management and have been approved by the Heartland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards. The financial statements reflect management's best estimates and judgments based on currently available information.

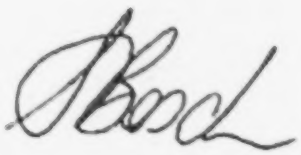
During the year, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2013 would have increased by $16,160,028. A corresponding increase in construction in progress of $12,028,732 and decrease in accounts payable of $4,131,296 would be required as at March 31, 2013.

Management is also responsible for the existence of an appropriate information system, procedures and controls to ensure that the information used by management internally and disclosed externally is complete and reliable. In addition, management is responsible for establishing and maintaining an adequate system of internal control to provide reasonable assurance that the financial records provide relevant, reliable and accurate information and assets are safeguarded.

The Authority is responsible for ensuring that management fulfills its responsibility for internal control and financial reporting. The Authority exercises this responsibility through the Audit Committee. This committee meets with management and the external auditor to satisfy itself that management has properly performed its financial reporting responsibilities and to review the financial statements before they are presented to the Authority for approval. These financial statements have been approved by the Authority as recommended by the Audit Committee.

KPMG LLP, an independent firm of Chartered Accountants, has been engaged to examine the financial statements and provide their independent auditors' report thereon. Their report is presented below.





Greg Cummings
Chief Executive Officer

Stacey Bosch
VP of Corporate Services

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2013

KPMG LLP
Chartered Accountants
500 – 475 Second Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada

Telephone (306) 934-6200
Fax (306) 934-6233
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statements of financial position as at March 31, 2013, March 31, 2012, and April 1, 2011, the statements of operations, changes in fund balances and cash flows for the years ended March 31, 2013 and March 31, 2012, the statement of remeasurement gains and losses for the year ended March 31, 2013, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

During the year, the Authority entered into new shared ownership arrangements with the Ministry of Health for certain capital projects. Following the direction of the Ministry of Finance, the Authority recorded their proportionate ownership interest in tangible capital assets under construction rather than the full cost of the capital projects. The accounting for these capital projects constitutes a departure from Canadian public sector accounting standards. Had the Authority accounted for the full cost of the capital projects, capital fund revenue from the Ministry of Health for the year ended March 31, 2013 would have increased by $16,160,028. A corresponding increase in construction in progress of $12,028,732 and decrease in accounts payable of $4,131,296 would be required as at March 31, 2013.

KPMG LLP, is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.
KPMG Canada provides services to KPMG LLP.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2013, March 31, 2012, and April 1, 2011, its results of operations, its changes in fund balances and its cash flows for the years ended March 31, 2013 and March 31, 2012 and its remeasurement gains and losses for the year ended March 31, 2013, in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
June 24, 2013

HEARTLAND REGIONAL HEALTH AUTHORITY

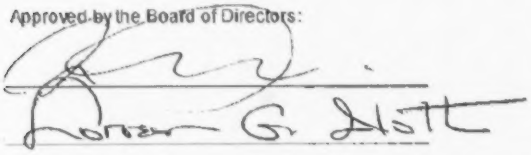
Statement of Financial Position

March 31, 2013, March 31, 2012 and April 1, 2011

	Operating Fund	Restricted Fund	Total March 31, 2013	Total March 31, 2012	Total April 1, 2011
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 10,301,256	$ 14,485,020	$ 24,786,276	$ 27,708,436	$ 31,888,300
Accounts receivable					
Ministry of Health - General Revenue Fund	170,275	-	170,275	146,449	151,349
Other	1,283,552	2,039,514	3,323,066	867,377	940,790
Inventory	1,365,467	-	1,365,467	1,414,109	1,371,959
Prepaid expenses	465,639	-	465,639	189,793	459,581
	13,586,189	16,524,534	30,110,723	30,326,164	34,811,979
Investments (Schedule 2)	1,764,642	1,094,284	2,858,926	4,240,406	4,538,663
Capital assets (Note 3)	-	51,663,123	51,663,123	40,449,947	39,582,934
Total Assets	$ 15,350,831	$ 69,281,941	$ 84,632,772	$ 75,016,517	$ 78,933,576
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 2,946,549	$ 8,159,050	$ 11,105,599	$ 3,949,883	$ 3,558,936
Accrued salaries	2,814,377	-	2,814,377	2,387,008	4,321,747
Vacation payable	6,208,053	-	6,208,053	6,207,924	6,159,391
Mortgages payable – Current (Note 5)	-	486,608	486,608	464,296	442,930
Long term debt - Current (Note 6)	-	49,430	49,430	25,246	34,601
Deferred revenue (Note 7)	1,685,780	-	1,685,780	1,260,688	1,398,866
	13,654,759	8,695,088	22,349,847	14,295,045	15,916,471
Long term liabilities					
Long term debt (Note 6)	-	910,835	910,835	-	32,729
Mortgages payable (Note 5)	-	4,477,237	4,477,237	4,967,220	5,434,044
Employee future benefits (Note 12)	3,123,800	-	3,123,800	3,191,300	3,271,000
Total Liabilities	16,778,559	14,083,160	30,861,719	22,453,565	24,654,244
Fund Balances:					
Invested in capital assets	-	45,739,013	45,739,013	34,993,185	33,638,630
Externally restricted (Schedule 3)	-	7,710,788	7,710,788	17,150,123	20,863,966
Internally restricted (Schedule 4)	-	1,748,980	1,748,980	1,914,873	1,351,665
Unrestricted (deficit)	(1,427,728)	-	(1,427,728)	(1,495,229)	(1,574,929)
Fund balances – (Statement 4)	(1,427,728)	55,198,781	53,771,053	52,562,952	54,279,332
Total Liabilities & Fund Balances	$ 15,350,831	$ 69,281,941	$ 84,632,772	$ 75,016,517	$ 78,933,576

Contractual Obligations (Note 4)
Employee future benefits (Note 12)

Approved by the Board of Directors:



The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations

Year ended March 31, 2013, with comparative figures for 2012

	Operating Fund			Restricted Fund	
	Budget 2013 (Note 13)	2013	2012 (Note 11)	2013	2012
REVENUES					
Ministry of Health - general	$ 83,228,026	$ 83,579,037	$ 84,880,736	$ 465,000	$ -
Other provincial	235,308	282,298	608,226	265,218	265,218
Federal government	11,000	12,305	14,711	-	-
Patient & client fees	9,276,249	9,352,494	9,381,803	-	-
Out of province (reciprocal)	428,500	646,054	596,534	-	-
Out of country	11,000	19,186	14,568	-	-
Donations	-	169,907	11,937	6,611,985	584,986
Ancillary	193,942	206,374	83,370	-	-
Investment	205,195	184,586	220,281	174,468	288,048
Recoveries	873,416	1,082,774	1,029,938	-	-
Other	344,465	292,614	376,219	3,422	-
Total revenues	**94,807,101**	**95,827,629**	**97,218,323**	**7,520,093**	**1,138,252**
EXPENSES					
Inpatient & resident services					
Nursing administration	4,441,370	4,342,671	4,353,582	-	-
Acute	6,466,339	6,647,639	6,767,352	169,145	174,589
Supportive	8,413,449	8,699,485	8,379,821	100,959	109,426
Integrated	21,257,044	22,030,697	21,581,860	3,595,570	3,785,972
Total Inpatient & resident services	**40,578,202**	**41,720,492**	**41,082,615**	**3,865,674**	**4,069,987**
Physician compensation	**1,430,816**	**1,396,023**	**1,357,958**	**-**	**-**
Ambulatory care services	**317,299**	**157,464**	**-**	**-**	**-**
Diagnostic & therapeutic services	**8,991,026**	**8,756,975**	**8,619,041**	**-**	**-**
Community health services					
Primary health care	1,022,493	1,117,536	1,011,420	3,407	3,174
Home care	7,042,112	7,011,505	6,807,313	27,217	23,398
Mental health & addictions	3,603,728	3,341,953	3,127,203	-	-
Population health	2,986,499	3,115,780	3,048,038	2,920	3,435
Emergency response services	4,733,258	4,949,445	4,576,449	364,211	364,932
Other community services	395,413	378,807	356,256	-	-
Total community health services	**19,783,503**	**19,915,026**	**18,926,679**	**397,755**	**394,939**
Support services					
Program support	6,042,445	6,030,034	5,895,886	94,843	62,452
Operational support	19,438,026	19,394,620	19,333,726	-	-
Other support	296,388	293,100	253,878	-	-
Employee future benefits	-	(67,500)	(79,700)		
Total support services	**25,776,859**	**25,650,254**	**25,403,790**	**94,843**	**62,452**
Ancillary	**198,540**	**185,115**	**155,494**	**-**	**-**
Total expenses (Schedule 1)	**97,076,245**	**97,781,349**	**95,545,577**	**4,358,272**	**4,527,378**
Excess (deficiency) of revenues over expenses	**$ (2,269,144)**	**(1,953,720)**	**1,672,746**	**3,161,821**	**(3,389,126)**

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Remeasurement Gains and Losses

Year ended March 31, 2013, with comparative figures for 2012

	2013
Accumulated remeasurement gains, beginning of year	$ -
Unrealized gain (losses attributed to:	
Investments (Note 2, Schedule 2)	-
Realized gains (losses), reclassified to statement of operations:	
Investments (Note 2, Schedule 2)	
Designated fair value	-
Equity instruments	-
	-
Net remeasurement gains for the year	-
Accumulated remeasurement gains (losses), end of year	-

The accompanying note and schedules are part of these consolidated financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

Year ended March 31, 2013, with comparative figures for 2012

2013	Operating Fund	Restricted Fund	Total 2013
Fund balance, beginning of year	$ (1,495,229)	$ 54,058,181	$ 52,562,952
Excess (deficiency) of revenues over expenses	(1,953,720)	3,161,821	1,208,101
Interfund transfers (Note 15)	2,021,221	(2,021,221)	-
Remeasurement gains (losses)	-	-	-
Fund balance, end of year	$ (1,427,728)	$ 55,198,781	$ 53,771,053

2012	Operating Fund	Restricted Capital Fund	Restricted Community Trust Fund	Total 2012 (Restated Note 18)
Fund balance, beginning of year, as currently reported	$ (1,574,929)	$ 55,852,732	$ 1,529	$ 54,279,332
Excess (deficiency) of revenues over expenses	1,672,746	(3,387,597)	(1,529)	(1,716,380)
Interfund transfers (note 15)	(1,593,046)	1,593,046	-	-
Fund balance, end of year	$ (1,495,229)	$ 54,058,181	$ -	$ 52,562,952

The accompanying notes and schedules are part of these consolidated financial statements

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flow

Year ended March 31, 2013, with comparative figures for 2012

	Operating Fund		Restricted Fund	
	2013	2012	2013	2012
Cash provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenses	$ (1,953,720)	$ 1,672,746	$ 3,161,821	$ (3,389,126)
Net change in non-cash working capital (Note 8)	(778,138)	(1,320,714)	6,079,725	(6,772)
Employee futute benefit expense	(67,500)	(79,700)		
Amortization of capital assets	-	-	4,052,390	4,300,739
(Gain) / Loss on disposal of capital assets	-	-	15,580	(32,432)
	(2,799,358)	272,332	13,309,516	872,409
Capital activities:				
Purchase of capital assets				
Buildings/construction	-	-	(13,468,368)	(3,784,416)
Equipment	-	-	(1,826,089)	(1,525,744)
Proceeds on disposal of capital assets				
Equipment	-	-	13,311	174,840
	-	-	(15,281,146)	(5,209,398)
Investing activities:				
Redemption (purchase) of long-term investments	1,290,153	372,335	91,327	(74,078)
	1,290,153	372,335	91,327	(74,078)
Financing activities:				
Repayment of debt	-	-	(532,652)	(487,542)
Debt incurred			1,000,000	
	-	-	467,348	(487,542)
Net increase (decrease) in cash & short term investments during the year	(1,509,205)	644,667	(1,412,955)	(4,824,531)
Cash & short term investments, beginning of year	9,789,240	10,737,619	17,919,196	21,150,681
Interfund transfers (Note 15)	2,021,221	(1,593,046)	(2,021,221)	1,593,046
Cash & short term investments, end of year (Schedule 2)	$ 10,301,256	$ 9,789,240	$ 14,485,020	$ 17,919,196

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2013

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government Organizations*, has been applied. The RHA has adopted Section PS 3450, *Financial Instruments*, as further explained in Note 18.

The RHA's financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 18.

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under The Income Tax Act of Canada):

- St. Joseph's Hospital of Macklin

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

2. Significant Accounting Policies (continued)

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

2. Significant Accounting Policies (continued)

Asset	Rate
Buildings	2.5 to 10%
Land Improvements	5 to 12.5%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Inventory

Inventory consists of general stores, medical and surgical, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

(f) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

(g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the consolidated financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

2. Significant Accounting Policies (continued)

(h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short-term and long-term investments
- Accounts payable, accrued salaries and vacation payable
- Long-term debt
- Mortgages payable

The related debt premium or discount and transaction costs are included in the carrying value of financial instruments recorded at cost or amortized cost and are amortized into interest expense using the effective interest rate method.

As at March 31, 2013 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement operations.

(i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year

3. Capital Assets

	Cost	Accumulated Amortization	2013 Net Book Value	2012 Net Book Value
Land	$ 377,548	$ -	$ 377,548	$ 376,482
Land Improvements	735,451	474,316	261,135	239,655
Buildings	71,444,162	44,516,596	26,927,566	27,978,675
Equipment	21,620,510	15,911,328	5,709,182	6,538,641
Construction in progress	18,387,692	-	18,387,692	5,316,494
	$ 112,565,363	$ 60,902,240	$ 51,663,123	$ 40,449,947

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2013, contractual obligations for acquisition of capital assets were $35,897,667 (2012 - $21,337,555).

The Ministry of Health has provided the RHA with funding to be used to construct three long term care facilities, two of which are under shared-ownership between the Ministry and the RHA. As at March 31, 2013, a cumulative total of $32,918,028 (2012 - $19,700,000) in funding has been provided for the construction of these facilities.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2014	$ 34,053
2015	17,884
2016	6,226
2017	4,390
2018	3,292

4. Contractual obligations (continued)

c) Capital Leases

			2013	2012
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Ambulances under capital lease	-	-	-	19,999
Total	-	-	-	19,999

Assets under capital lease are included in capital assets in Note 3.

The ambulances were amortized on a straight-line basis over the economic life beginning in the year of acquisition.

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 10 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2013	2012
Heritage Manor, Kindersley - CMHC mortgage, Due May 1, 2021	5.02%	$289,327 principal and interest of which $89,076 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Sept 1, 2014	$1,938,863	$2,126,960
Golden Years Lodge, Elrose - CMHC mortgage due Aug 1, 2025	4.32%	$71,981 principal and interest of which $90,000 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	692,022	733,470
Jubilee Lodge, Eston - CMHC mortgage due June 1, 2022	4.17%	$77,534 principal and interest of which $17,111 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	595,098	646,913
Diamond Lodge Company Ltd, Biggar - CMHC mortgage due Apr 1, 2019	4.17%	$78,732 principal and interest of which $16,419 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Oct 1, 2015	422,786	482,723
Outlook & District Pioneer Home, Outlook - CMHC mortgage due Apr 1, 2021	4.69%	$58,742 principal and interest of which $15,700 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	395,227	434,651
Prairie Manor, Dinsmore - CMHC mortgage due Apr 1, 2022	4.69%	$42,704 principal and interest of which $11,775 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Aug 1, 2016	315,953	343,319
Lucky Lake & District, Lucky Lake - CMHC mortgage due Oct 1, 2021	4.32%	$42,330 principal and interest of which $10,031 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Feb 1, 2016	303,469	332,163
Prairie View Lodge, Davidson - CMHC mortgage due Dec 1, 2020	5.14%	$46,995 principal and interest of which $15,107 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Dec 1, 2013	300,427	331,317
			4,963,845	5,431,516
Less current portion			486,608	464,296
			$ 4,477,237	$ 4,967,220

5. Mortgages Payable (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related building of the special care homes as security. Prinicipal repayments required in each of the next five years are estimated as follows:

2014	$ 486,608
2015	510,313
2016	534,693
2017	560,245
2018	587,027
2019 and subsequent	2,284,959
	$ 4,963,845

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2013	2012
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	$29,597 principal and interest. (Note 4c)	$ -	$ 25,246
Energy Performance Contract Toronto-Dominion Bank Due May 1, 2027	4.48%	$91,683 principal & interest. (Note 16)	960,265	-
			960,265	25,246
Less current portion			49,430	25,246
			$ 910,835	$ -

The term loan with Toronto-Dominion Bank is unsecured.
Principal repayments required in each of the next five years is estimated as follows:

2014	$ 49,430
2015	52,044
2016	54,307
2017	56,781
2018	59,384
2019 and subsequent	688,319
	$ 960,265

7. Deferred Revenue

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Mental Health Manager	$ 23,281	$ 23,281	$ -	$ -
Primary Health Transition	6,622	-	-	6,622
Professional Development	7,122	7,122	-	-
Primary Health Info Service	10,031	10,031	-	-
Aboriginal Awareness	10,529	10,529	-	-
Quality Health Workplace Initiative	24,962	24,962	-	-
Safety Training Initiative	28,043	11,178	-	16,865
Public Health Immunizations	14,087	-	5,819	19,906
Autism	16,461	16,461	-	-
Recruit Initiative	20,000	20,000	-	-
Infection Control	219,719	-	-	219,719
Surgical Initiatives	208,034	-	-	208,034
Saskatchewan Medical Association	31,150	31,150	-	-
Physician Relocation	15,000	15,000	-	-
HIV Strategy	1,000	-	-	1,000
Preventative Dental Services	21,144	21,144	26,400	26,400
Primary Care Redesign	-	67,031	200,000	132,969
Perioperative Nurse Training	-	24,547	55,230	30,683
Locum Funding	-	59,599	104,167	44,568
Living the Dream and Talking to Youth	-	-	2,882	2,882
	$ 657,185	$ 342,035	$ 394,498	$ 709,648
Non Sask Health Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Kids First Program	66,036	74,332	74,765	66,469
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	186,058	26,064	-	159,994
LEAN	61,264	31,426	-	29,838
Falls and Injury Prevention	46	46	-	-
Community Inclusive Services and Support	65,884	41,321	-	24,563
Preventative Dental Services	39,950	2,495	-	37,455
Other	146,480	-	-	146,480
Grace Notes	1,046	164	-	882
Primary Care Redesign	-	-	100,000	100,000
Gateway Online	-	-	30,708	30,708
Beechy Clinic Rent	-	-	1,080	1,080
Ehealth Saskatchewan Transformation Fund	-	-	215,500	215,500
Autism	-	-	110,087	110,087
Regional Intersectoral Committee	-	-	16,337	16,337
	$ 603,503	$ 175,848	$ 548,477	$ 976,132
Total Deferred Revenue	$ 1,260,688	$ 517,883	$ 942,975	$ 1,685,780

7. Deferred Revenue (continued)

As at March 31,2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Adult Behaviorial Management	$ 2,197	$ 2,197	$ -	$ -
Mental Health Manager	23,281	-	-	23,281
Infant Mortality Risk Program	57,201	57,201	-	-
Primary Health Initiative	12,622	6,000	-	6,622
Professional Development	10,221	3,099	-	7,122
Primary Health Info Service	10,031	-	-	10,031
Aboriginal Awareness	4,729	4,200	10,000	10,529
Quality Health Workplace Initiative	24,962	-	-	24,962
Out of Scope Nurse Manager	89,080	89,080	-	-
Safety Training Initiative	46,273	18,230	-	28,043
Public Health Immunizations	7,000	4,903	11,990	14,087
MDS Support	10,597	10,597	-	-
Autism	-	55,039	71,500	16,461
Recruit Initiative	20,000	-	-	20,000
H1N1 Future Year Committments	29,000	29,000	-	-
Infection Control	101,646	31,927	150,000	219,719
Surgical Initiatives	326,131	118,097	-	208,034
Saskatchewan Medical Association	66,161	35,011	-	31,150
Patient Family Centred Care	5,028	5,028	-	-
Physician Relocation	15,000	-	-	15,000
HIV Strategy	-	-	1,000	1,000
Preventative Dental Services	-	8,001	29,145	21,144
	$ 861,160	$ 477,610	$ 273,635	$ 657,185
Non Sask Health Initiatives				
Workplace Wellness	$ 901	$ -	$ -	$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Kids First Program	85,115	92,667	73,588	66,036
Family & Students Together	23,911	-	-	23,911
Nursing Recruitment Funding	204,788	18,730	-	186,058
LEAN	169,449	108,185	-	61,264
Falls and Injury Prevention	403	357	-	46
Community Inclusive Services and Support	41,212	681	25,353	65,884
Preventative Dental Services	-	-	39,950	39,950
Other	-	-	146,480	146,480
Grace Notes	-	-	1,046	1,046
	$ 537,706	$ 220,620	$ 286,417	$ 603,503
Total Deferred Revenue	$ 1,398,866	$ 698,230	$ 560,052	$ 1,260,688

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Fund	
	2013	2012 (restated)	2013	2012
Accounts receivable	$ (440,001)	$ 78,313	$ (2,039,514)	$ -
Inventory	48,642	(42,150)	-	-
Prepaid expenses	(275,846)	269,788	-	-
Accounts payable	(963,523)	397,719	8,119,239	(6,772)
Accrued salaries	427,369	(1,934,739)	-	-
Vacation payable	129	48,533	-	-
Deferred revenue	425,092	(138,178)	-	-
	$ (778,138)	$ (1,320,714)	$ 6,079,725	$ (6,772)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2013 was $13,106 (2012 - $16,620). These amounts are not reflected in the financial statements.

10. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related Parties (continued)

	2013	2012
Revenues		
Ministry of Health	$84,044,037	$84,880,736
Saskatchewan Housing Corporation	265,218	265,218
Other	282,298	608,226
	$84,591,553	$85,754,180
Expenditures		
3sHealth	$ 291,519	$ 360,928
Beechy Demaine Emergency Services	141,292	143,764
Bridgepoint Centre for Eating Disorders Inc.	577,101	568,013
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,159	29,684
Cypress Regional Health Authority	17,888	-
Eatonia Oasis Living	118,432	113,388
Ehealth	67,073	96,253
Elrose Ambulance Service	13,498	13,498
Ministry of Government Services	615,760	773,060
North Sask Laundry	474,032	485,902
Other Regional Health Authorities	736	97,374
Prairie North Regional Health Authority	104,393	-
Provincial Public Safety Telecommunications Network	53,152	-
Public Employees Pension Plan	43,463	47,476
SAHO Dental Plan	728,923	730,381
SAHO Disability Plan	718,520	727,466
SAHO Enhanced Dental/Extended Health Plan	1,647,002	1,641,401
Sask Energy Incorporated	975,485	910,819
Sask Health Care Employees' Pension Plan	4,627,367	4,673,259
Sask Power Corporation	2,005,793	850,509
Sask Workers' Compensation Board	1,093,433	1,124,174
Saskatchewan Finance	40,949	62,813
Saskatchewan Telecommunications	297,101	304,393
Saskatoon Regional Health Authority	47,117	35,694
SGI Canada Insurance Services Ltd	34,621	39,114
St Joseph's Hospital of Macklin	2,122,026	2,060,498
	$16,886,837	$15,889,861

10. Related Parties (continued)

	2013	2012
Accounts Receivable		
Ministry of Health	$ 170,275	$ 146,449
SGI Canada Insurance Services Ltd	25,601	2,088
Saskatoon Regional Health Authority	3,460	797
Ehealth	215,550	-
Saskatchewan Worker's Compensation Board	44,224	-
	$ 459,110	$ 149,334
Prepaid Expenditures		
3sHealth	$ 23,185	$ -
Saskatchewan Worker's Compensation Board	259,696	-
SGI Canada Insurance Services Ltd	34,146	31,169
	$ 317,027	$ 31,169
Accounts Payable		
3sHealth	$ 23,605	$ 18,114
Ehealth	10,821	8,267
Ministry of Government Services	200,420	86,086
Minster of Finance	4,141	-
North Sask Laundry	46,329	-
Public Employees Pension Plan	5,994	-
SAHO Dental Plan	61,706	61,034
SAHO Disability Plan	109,882	110,346
SAHO Enhanced Dental/Extended Health Plan	127,162	127,529
Sask Energy Incorporated	127,106	387,333
Sask Health Care Employees' Pension Plan	644,541	660,089
Sask Ministry of Central Services	3,078	-
Sask Power Corporation	238	-
Saskatchewan Telecommunications	4,961	-
Saskatoon Regional Health Authority	1,391	609
St Joseph's Hospital of Macklin	54,908	20,748
	$ 1,426,283	$ 1,480,155

14. Financial Instruments (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to prescribed HCOs and Third Parties:

	2013	2012
Bridgepoint Centre for Eating Disorders Inc.	$ 577,101	$ 568,013
Canadian Mental Health Association (Saskatchewan Division) Inc.	30,159	29,684
	$ 607,260	$ 597,697

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2013	2012
St. Joseph's Hospital of Macklin	$ 2,122,026	$ 2,060,498
	$ 2,122,026	$ 2,060,498

b) Health Care Organizations - continued

ii) Affiliates - continued

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2013 and 2012.

14. Financial Instruments (continued)

		2013		2012
Statement of financial position:				
Assets	$	488,397	$	530,523
Net capital assets		2,449,354		2,549,961
	$	2,937,751	$	3,080,484
Total liabilities	$	353,728	$	393,768
Total fund balances		2,584,023		2,686,716
	$	2,937,751	$	3,080,484
Results of operations:				
RHA grant	$	2,122,026	$	2,060,498
Other revenue		382,364		391,469
Total revenue		2,504,390		2,451,967
Salaries and benefits	$	2,095,930	$	2,053,863
Other expenses		511,158		531,065
Total expenses		2,643,213		2,584,928
Excess/ (deficiency) of revenue over expenses	$	(102,698)	$	(132,961)

Other expenses includes amortization of $147,166 (2012 - $146,015).

Cash flows:				
Cash from operations	$	(76,934)	$	(42,621)
Cash used in investing activities		(163)		(210)
Cash used in		(2,693)		(132,546)
Increase/ (decrease) in cash	$	(79,790)	$	(175,377)

Cash used in investing activities includes capital purchases of $49,786 (2012 - $144,700) and loss on disposal of $3,227 (2012 – none).

11. Comparative Information

Certain 2011-12 balances have been reclassified to conform to the current year's presentation.

12. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health

14. Financial Instruments (continued)

care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP[1]	PEPP	Total 2013	Total 2012
Number of active members	1,347	10	1,357	1,366
Member contribution rate, percentage of salary	7.70-10.00%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	8.62-11.20%*	6.00-7.00%*		
Member contributions	4,132,106	42,532	4,174,638	4,219,100
RHA contributions	4,627,367	43,463	4,670,830	4,720,735

* Contribution rate varies based on employee group.
1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

b) Accumulated sick leave benefit liability:

The RHA provides certain compensated sick leave benefits to its employees. These benefits generally accumulate with employee service but do not vest. The liability represents the present value of the amount attributed to the expected future utilization of the accumulated sick leave benefits. The liability relates only to the sick days used in a future year that are over and above sick days earned in a future year.

The liability is actuarially determined using the projected benefit method prorated on service and management's best estimate of expected increase in earnings, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

14. Financial Instruments (continued)

	2013	2012
Discount rate	2.75	3.75
Expected average remaining service life	12 years	12 years
Earnings increase for seniority, merit and promotion is as follows:		
Employee groups		Rate
For ages 15 to 29		2.0%
For ages 30 to 39		1.5%
For ages 40 to 49		1.0%
For ages 50 to 59		0.5%
For ages 60 and over		0.0%
SUN members at 20 years of service (ages 60 and over)		2.0%

	2013	2012
Accrued benefit obligation, beginning of year	$ 3,191,300	$ 3,271,000
Cost for the year		
Current period benefit cost	372,900	340,700
Employment benefit Interest Expense	90,100	118,900
Actuarial (gains) losses	14,200	-
Benefits paid during the year	(544,700)	(539,300)
Accrued benefit obligation, end of year	$ 3,123,800	$ 3,191,300

13. Budget

The RHA approved the 2012-2013 budget plan on May 23, 2012. Subsequent to budget approval, contract compensation adjustments totaling $724,383 were added to the budget for both revenue and expenses.

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

14. Financial Instruments (continued)

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposures as follows:

	2013	2012
Cash and short-term investments	$ 24,786,276	$ 27,708,436
Accounts receivable		
Ministry of Health - General Revenue Fund	170,275	146,449
Other	3,323,066	867,377
Investments	2,858,926	4,240,406
	$ 31,138,543	$ 32,962,668

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The risk is minimized by investing in bonds guaranteed by Federal and Provincial governments or corporate bonds considered to be of high grade investment quality. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions

14. Financial Instruments (continued)

denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(i) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2013 and 2012 have fixed interest rates.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2013 the RHA has a cash balance of $ 24,786,276 (2012 - $27,708,436)

f) Fair value:

The carrying amount of the following financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable, accrued salaries and vacation payable
- Cash and short term investments

The fair value of mortgages payable and long term debt before the repayment required within one year, is $3,767,289 (2012 - $3,322,797) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

Due to fiscal pressures, the Ministry reduced operating budget to health regions. To offset the shortfall in operating revenue, the RHA agreed to an amendment in the funding agreement for Biggar, Kerrobert and Rosetown long term care projects. The amendment removed restrictions on $2.942 million of capital funds received by the RHA in fiscal 2009 and allowed the funds to be transferred to operations.

15. Interfund Transfers (continued)

	2013		2012	
	Operating Fund	Restricted Fund	Operating Fund	Restricted Fund
Capital Asset Purchases	$ (94,529)	$ 94,529	$ (596,624)	$ 596,624
Energy Performance Contract	-	-	(553,294)	553,294
Mortgage Payments	(443,128)	443,128	(443,128)	443,128
Capital Project Funding	2,942,000	(2,942,000)	-	-
TD Bank Loan Repayment	(76,403)	76,403		
Other	(306,719)	306,719	-	-
	$ 2,021,221	$ (2,021,221)	$ (1,593,046)	$ 1,593,046

16. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $1,552,518 plus GST. As of March 31, 2013, construction costs of $1,538,746 (2012 - $372,025) have been financed through a $1,000,000 long term debt facility with a balance of $960,265 outstanding (2012 - $0), which bears interest at a rate of 4.48%. The term debt facility is amortized over a period of 15 years.

Construction work for the energy performance contract was complete in December 2012, and as such, sufficient information to determine savings was not available as of March 31, 2013.

17. Pay for Performance

Effective April 1, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

18. Transition to Public Sector Accounting Standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

a) Financial instruments

Effective April 1, 2012 The RHA adopted the PSA standards for *Financial Instruments* (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories as disclosed in Note 2(h). Carrying amounts are disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 has no impact on recognition and measurement of financial instruments reported in these financial statements..

b) Employee future benefits

The RHA made an adjustment to the 2011 financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $3,271,000 Employee future benefit expense for the year ended March 31, 2012 decreased by $ (79,700)

The impact of these restatements on the comparative figures is as follows:

18. Transition to Public Sector Accounting Standards (continued)

Summary of adjustments

i) Fund balances:

The following table summarizes the impact of the transition to PSA standards on the RHA's operating fund balance as of April 1, 2011 and 2012:

Operating fund balances as at April 1, 2011:		
Operating fund balances, as previously reported	$	1,696,071
Adjustment to employee future benefits liability		(3,271,000)
Operating fund balances, as currently reported	$	(1,574,929)
Operating fund balances as at April 1, 2012:		
Operating fund balances, as previously reported	$	1,696,071
Adjustment to employee future benefits liability		(3,191,300)
Operating fund balances, as currently reported	$	(1,495,229)

ii) Excess (deficiency) of revenues over expenses:

As a result of retrospective application of PSA standards, the RHA recorded the following adjustment of excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of revenues over expenses, as previously reported	$	1,593,046
Adjustment to employee future benefits expense		79,700
Excess (deficiency) of revenues over expenses, as currently reported	$	1,672,746

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2013, with comparative figures for 2012

	Budget 2013	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	$ 110,871	$ 109,465	$ 113,480
Board costs	100,460	91,440	102,203
Compensation - benefits	12,815,396	12,600,078	12,513,634
Compensation - employee future benefits	-	(67,500)	(79,700)
Compensation - salaries	65,554,166	66,248,321	64,848,911
Continuing education fees & materials	159,269	149,695	150,737
Contracted-out services - other	869,881	801,938	705,294
Diagnostic imaging supplies	46,354	41,916	59,563
Dietary supplies	139,998	142,150	136,963
Drugs	693,931	700,302	677,131
Food	1,359,717	1,415,754	1,425,431
Grants to ambulance services	130,925	129,126	117,754
Grants to health care organizations & affiliates	2,750,703	2,734,405	2,649,709
Housekeeping & laundry supplies	559,495	569,301	569,593
Information technology contracts	490,410	452,878	373,870
Insurance	234,718	244,230	248,661
Interest	12,000	12,949	11,732
Laboratory supplies	685,313	738,632	707,248
Medical & surgical supplies	1,208,472	1,316,365	1,242,113
Medical remuneration and benefits	1,429,959	1,377,053	1,319,295
Meetings	55,092	32,137	58,392
Office supplies & other office costs	575,502	597,023	623,320
Other	477,784	481,369	482,031
Professional fees	796,574	772,229	678,322
Purchased salaries	279,446	176,102	189,901
Rent/lease/purchase costs	932,319	1,050,453	1,037,228
Repairs and maintenance	1,570,307	1,738,457	1,609,152
Supplies - other	182,853	162,408	178,096
Therapeutic supplies	29,312	16,220	16,450
Travel	867,546	984,376	864,494
Utilities	1,957,472	1,962,077	1,914,569
	$ 97,076,245	$ 97,781,349	$ 95,545,577
Restricted:			
Amortization		$ 4,052,390	$ 4,300,739
(Gain) / Loss on disposal of fixed assets		15,580	(32,432)
Mortgage interest expense		238,897	261,079
Other		51,405	(2,008)
		4,358,272	4,527,378
		$ 102,139,621	$ 100,072,955

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2013

		Carrying Value	Maturity	Effective Rate
Restricted Cash and Investments				
Cash and Short Term Investments				
Chequing and Savings:				
RBC Dominions Securities	$	4,073		
Prairie Centre Credit Union - Rosetown		14,174,394		
		14,178,467		
Short Term Investments:				
CPN - Prov of Ont		7,459	05/03/2013	3.83%
GIC - Bank of Montreal		75,000	12/17/2013	4.70%
GIC - Bank of Nova Scotia		56,594	07/21/2013	4.70%
GIC - Canadian Tire Bank		55,000	11/04/2013	4.75%
GIC - Canadian Tire Bank		20,000	12/17/2013	4.30%
GIC - Manulife Trust		92,500	03/02/2014	2.05%
		306,553		
Total Cash & Short Term Investments	$	14,485,020		
Long Term				
CPN - Prov of Ont	$	7,183	05/03/2014	3.83%
CPN - Prov of Ont		6,918	05/03/2015	3.83%
GIC - AGF Trust		86,500	02/18/2015	3.17%
GIC - Pacific & Western		75,000	06/04/2017	2.60%
GIC - B2B Trust		92,500	02/02/2015	2.25%
GIC - Equitable Trust		75,000	06/05/2017	2.55%
GIC - Home Trust Company		55,000	11/16/2015	2.30%
GIC - Canadian Western Bank		88,200	11/27/2014	3.20%
GIC - HSBC Bank		66,283	06/09/2015	3.65%
GIC - ICICI Bank		55,000	07/07/2016	2.78%
GIC - LBC Trust		88,200	11/27/2014	3.15%
GIC - Manulife Bank		55,000	11/05/2015	2.85%
GIC - NatCan		86,500	02/18/2016	3.46%
GIC - NatCan		79,740	06/15/2016	3.03%
GIC - Resmor Trust Company		88,200	11/27/2014	3.25%
GIC - Laurentian Bank		89,060	01/29/2017	2.15%
		1,094,284		
Total Restricted Cash and Investments	$	15,579,304		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2013

		Carrying Value	Maturity	Effective Rate
Unrestricted Cash and Investments				
Cash and Short Term				
Affinity Credit Union - Davidson	$	16,066		
Alterna Investment Svgs		694,171		
Biggar Credit Union		28,742		
CIBC - Lucky Lake		10,155		
Co-Op Equity Accounts		38,497		
Credential Securities Investments		10		
Dundee Investment Savings		69,979		
Innovation Credit Union - Wilkie		14,696		
Kerrobert Credit Union		463,856		
Petty Cash		7,415		
Prairie Centre Credit Union - Rosetown		6,140,064		
Synergy Credit Union - Kindersley		36,765		
Unity Credit Union		13,293		
		7,533,709		
Short Term Investments				
GIC - Cdn Western Bank	$	251,999	08/29/2013	2.00%
GIC - General Bank of Canada		251,999	08/29/2013	1.95%
GIC - Coast Cap		440,708	09/02/2013	2.40%
GIC - Cdn Western Bank		767,282	03/24/2014	2.55%
		1,711,988		
Term Deposits				
Prairie Centre Credit Union - Rosetown		1,055,559	10/19/2013	1.85%
Total Cash and Short Term Investments	$	10,301,256		
Long Term Investments				
GIC - Cdn Western Bank	$	251,999	08/29/2014	2.10%
GIC - RBC		229,359	09/06/2015	2.00%
GIC - RBC		229,359	09/06/2016	2.15%
		710,717		
Term Deposits				
Prairie Centre Credit Union - Rosetown	$	1,053,925	10/19/2014	1.95%
		1,764,642		
Total Unrestricted Investments	$	12,065,898		
Total Cash and Investments	$	27,645,202		

Restricted investments consist of: Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and Replacement Reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Restricted and Unrestricted Totals		
Total Cash & Short Term	$	24,786,276
Total Long-Term Investments	$	2,858,926
Total Investments	$	**27,645,202**

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2013, with comparative figures for 2012

CAPITAL FUND	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer from (to) Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
RESTRICTED DONATIONS:						
Biggar Hospital	$ 50,304	$ 359,060	$ 177	$ -	$ (12,136)	$ 397,405
Biggar Diamond Lodge	55,565	12,492	1,161	-	(11,624)	57,594
Eatonia	119	-	2	-	-	121
Kerrobert	494	3,826	19	-	(2,570)	1,769
Kindersley	23,927	53,512	617	-	(15,766)	62,290
Rosetown	175,624	83,820	1,115	-	(176,392)	84,167
Unity	39,707	12,873	297	-	(35,197)	17,680
Outlook	7,372	6,633	155	-	-	14,160
Beechy	1,311	-	16	-	-	1,327
Davidson	5,533	36,321	127	-	(25,565)	16,416
Dinsmore	17,077	15,697	309	-	-	33,083
Elrose	13,370	(801)	134	-	(4,551)	8,152
Eston	2,561	32,780	25	-	(29,799)	5,567
Kyle	304	-	4	-	-	308
Lucky Lake	-	3,645	-	-	(3,517)	128
Wilkie	586,022	(24,183)	6,957	-	(40,255)	528,541
EMS	76,181	22,235	835	-	(28,761)	70,490
Home Care	15,300	12,525	184	-	-	28,009
Addictions	101	-	1	-	-	102
Region Education	14,276	1,000	318	-	-	15,594
Region Equipment	56,440	-	480	-	-	56,920
Population Health	3,070	-	40	-	-	3,110
RESTRICTED CAPITAL FUNDING						
Equipment Funding	277,355	-	127,561	120,000	(305,266)	219,650
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	19,422	-	-	-	(9,432)	9,990
Block Funding	386,932	-	325,000	-	(192,975)	518,957
Long Term Care Building Projects	15,138,006	5,980,550	94,638	(2,942,000)	(12,985,537)	5,285,657
EMS Radios	19,722	-	-	-	(5,763)	13,959
Other	151,294	-	82,324	-	13,290	246,908
Total Capital Fund	**$ 17,150,123**	**$ 6,611,985**	**$ 642,496**	**$ (2,822,000)**	**$ (13,871,816)**	**$ 7,710,788**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 17,150,123**	**$ 6,611,985**	**$ 642,496**	**$ (2,822,000)**	**$ (13,871,816)**	**$ 7,710,788**

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2013, with comparative figures for 2012

	Balance Beginning of Year	Investment Income Allcoated	Transfer between Internally Restricted Funds	Annual Allocation from Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
SHC Replacement Reserves							
Biggar Diamond Lodge	$ 87,890	$ -	$ -	$ -	$ -	$ -	$ 87,890
Outlook Pioneer Home	55,270	-	-	-	-	-	55,270
Kindersley Heritage Manor	224,880	-	-	-	-	-	224,880
Davidson Prairie View Lodge	179,250	-	-	-	-	-	179,250
Elrose & District Health Centre	74,000	-	-	-	-	-	74,000
Eston Jubilee Lodge	144,320	-	-	-	-	-	144,320
Total SHC	765,610	-	-	-	-	-	765,610
Other Internally Restricted Funds							
Appropriated for Other	967,992	-	-	-	800,779	(785,401)	983,370
Energy Performance Contract	181,271	-	-	-	-	(181,271)	-
Total Internally Restricted	$ 1,914,873	$ -	$ -	$ -	$ 800,779	$ (966,672)	$ 1,748,980

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2013, with comparative figures for 2012

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2013	Total 2012
Anderson Richard - Chairperson	$ 9,960	$ 7,331	$ 3,521	$ 3,717	$ -	$ 962	$ 25,491	$ 28,514
Ilott, Lorreen	-	3,363	1,150	1,834	-	160	6,507	7,170
Allan, Gary	-	-	-	-	-	-	-	1,177
Goring, Loretta	-	3,744	656	1,221	-	-	5,621	7,322
Groves, Gary	-	2,500	288	607	-	68	3,463	5,636
Leys, Lyle	-	600	-	171	-	-	771	2,500
Lorenz, Hazel	-	2,675	1,125	2,096	-	125	6,021	5,115
Nikiforuk, David	-	3,125	1,000	2,578	-	148	6,851	-
Rankin, Lyle	-	2,200	413	784	-	76	3,473	3,540
Siemens, George	-	2,800	295	805	-	-	3,900	4,530
McIntyre, Norm	-	3,450	850	2,695	-	161	7,156	-
Whittles, Mary-Lou	-	2,735	981	1,375	-	115	5,206	10,506
TOTAL	$ 9,960	$ 34,523	$ 10,279	$ 17,883	$ -	$ 1,815	$ 74,460	$ 76,010

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2013, with comparative figures for 2012

Senior Employees	Salaries[1]	Vacation Payout[1,3]	Sub-total (Total Salaries)	Benefits and Allowances[2]	Severance Amount	Total 2013	Salaries, Benefits & Allowances[1,2]	Severance	Total 2012
Cummings, Gregory - President/CEO	$ 266,211	$ -	$ 266,211	$ 785	$ -	$ 266,996	$ 236,616	$ -	$ 236,616
Bosch, Stacey - VP of Corporate Services	180,813	5,895	186,708	385	-	187,093	163,162	-	163,162
Glessing, Caroline - VP of Primary Health Services (ending December 31, 2011)	39,818	-	39,818	-	-	39,818	158,102	-	158,102
Munro, Jeannie - VP of Primary Health and Quality Services (effective January 1, 2012)	156,715	-	156,715	-	-	156,715	38,317	-	38,317
Pajunen, Sheila - VP of Human Resources	171,974	-	171,974	-	-	171,974	156,886	-	156,886
Riendeau, Gayle - VP of Health Services (effective January 1, 2012)	193,637	-	193,637	385	-	194,022	47,560	-	47,560
Wasko-Lacey, Linda - VP of Quality Services (ending December 31, 2011)	16,250	-	16,250	-	-	16,250	121,278	-	121,278
Ledding, Dr. David - Sr. Medical Manager	138,000	-	138,000	-	-	138,000	147,053	-	147,053
Pierrepont, Wayne - Director of Environmental Services	120,558	571	121,129	-	-	121,130	118,374	-	118,374
Total	$1,283,976	$ 6,466	$1,290,442	$ 1,555	$ -	$1,291,998	$ 1,187,348	$ -	$1,187,348

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2013 and will be reflected in the year paid. Refer to Note 18 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.

3. New Out of Scope contract allows for 5 days vacation carry over.